

CLINIC FOR WOMEN

3607 W 16TH STREET, SUITE 2B

INDIANAPOLIS, INDIANA

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER CLINIC FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State licensure survey.</p> <p>Dates of survey: 4/2/18 to 4/3/18</p> <p>Facility #0111133</p> <p>Clinic For Women is in compliance with 410 IAC 26-4 through 410 IAC 26-18, Abortion Clinic Licensure Rules.</p> <p>QA: 4/5/18</p>	T 000		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

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TITLE

(X6) DATE

SURVEYOR NOTES WORKSHEET

Facility Name: CFW

Surveyor Name: _____

Provider Number: _____

Surveyor Number: 33764 Discipline: _____

Observation Dates: From _____ To _____

TAG/CONCERNS		DOCUMENTATION			
Met #	PM	Eq. Type	Schedule	PM	Spec.
M	Rate	White Paper		PM's not	unable to det.
M	Unknown	Autoclave			
	Access	Section unit			
		Recliner			
M		Elyam table			
		Call system			
		WC			
* @ bottom of sheet strut = All Eq. not done accord to reg.					
OK. (1-8-18)					
M		Generators	- ✓		

SURVEYOR NOTES WORKSHEET

Facility Name: CFW Surveyor Name: _____

Provider Number: _____ Surveyor Number: _____ Discipline: _____

Observation Dates: From _____ To _____

TAG/CONCERNS	DOCUMENTATION			
	QA: (x form avail. to surveyor)			
Rev. of Def. of MTA	"Bi-Annual July - Dec 2017" hand written Q.A. and Monitoring Service form			
	Service/Fac	Material Mon.	Monitors	
Lab	✓	✓	✓	C data
Bio/Waste	✓	✓	✓	
DC	✓	✓	✓	
Housekeeping	✓	✓	✓	
Security	✓	✓	✓	
IC	✓	✓	✓	
Shunday	✓	✓	✓	
Maintenance	✓	✓	✓	
Med Errors	✓	✓	✓	
MRs	✓	✓	✓	
Pharmacy	✓	✓	✓	
Resp. to ID Emerg.	✓	✓	✓	
Transfers	✓	✓	✓	

3.5 p.m. - 12 - QA serv. - What is the written plan of exp.

CFW

SURVEYOR NOTES WORKSHEET

TAG/CONCERNS

DOCUMENTATION

per A2 there are → B: Annual QA + I Mgmt Operation Report
QA mty mty Date of Mtg 1/12/17
+ 4/14/17

SIGN IN/ SIGN OUT
Abortion Clinic

NAME (PRINT)

SIGNATURE

TITLE (PRINT)

Director

Infection Control

Patient Educator

09/02/2014

Abortion Clinic: CFW

Abortion Clinic: CFN

[illegible]

ABORTION CLINIC ADMINISTRATIVE TOUR

FACILITY CFW
SURVEYOR _____

MED DIR _____ MANAGER _____ TOUR: _____
DATE _____ TIME 4:30

- ☒ Posting of license
- ☒ Pantry/nourishment area
- ☒ Janitor closet
- ☒ Housekeeping - *all over*
- ☒ Preventative Maintenance
- ☒ Storage Areas
- ☒ Flammable agents
- ☒ Tank storage and secured
- ☒ Overall maintenance
- ☒ Adequate battery powered lighting and equipment
- ☒ Medical record storage
- ☒ Laundry Services *Tamp*
- ☒ Safety
- ☒ Lab area, as applicable
- ☒ Chemical use and storage - *Housekeep + Stand*
- ☒ Refuse/infections waste - *1X/nrs.*

COMMENTS/INTERVIEWS: _____

Facility Name Clinic for Women

Surveyor _____ Date _____

Date _____

ABORTION CLINIC

DOCUMENT REQUEST - CREDENTIAL-FILE REVIEW

Q dat

Ø Vag Ø Aft

[illegible]

Mad Air to sec. ULS

NP#1 - Doc of NP ent.

Ø de. of phys & adm priv. - O.H. agreement

Abortion Clinic
Administrative Document Request

PTP manual app'd 1/2/18

List of credentialed staff for list provided - files only

List of non-nursing Personnel for list provided files only

- By Laws Corp. Not OK*
- ☒ Ownership—copy of articles of incorporation
 - ☐ Quality assurance plan and documents to include all services/function/contracts
 - ☒ List of contracts with scope and nature of services
 - ☐ Constitution and bylaws of governing body (if applicable) *Bi Annual Mtg 7/21/17, 4/14/17*
 - ☐ Minutes of governing body (if applicable) *2016 mtg 1/25/17*
 - ☐ Process for reporting health professionals
 - ☐ Written policy addressing internal review of unusual occurrences and disasters

Medical Staff Rules including;

- ☒ Procedures for emergency, initial treatment, transfer
- ☐ History and physical
- ☒ Authentication of orders, who may take verbal orders
- ☐ Policy and procedure for communication with and timely response of physicians concerning a pt/emergency
- ☒ Health care worker practice problems
- ☐ Physician Credentialing (if physician performs procedures): verify admitting privileges in writing OR a written agreement with another physician with admitting privileges. The document(s) must be present in the clinic.

Medical records policies including;

- ☐ Policies assuring documentation of care and services provided
- ☒ Policies for safeguarding records from sources of damage
- ☒ Maintenance of records for appropriate time frame
- ☐ Authentication and security of record
- ☒ Use of plain paper fax
- ☒ Confidentiality
- ☒ Release of information

☒ Laundry policies

☒ Dietary policies (if applicable)

Lab policies including;

- ☒ CLIA certificate or waived
- ☐ Quality control and QA policies for complexity of tests

Physical plant/ Safety policies including;

- ☒ Preventative maintenance policies/logs
- ☐ Repairs and electrical leakage checks
- ☐ Housekeeping and infectious waste policies
- ☐ Equipment inspection
- ☐ Vermin Control
- ☐ Building operations
- ☐ Chemical substance use/storage
- ☐ Surgical waste disposal
- ☐ General housekeeping
- ☐ Fire control plan AND Evidence of state or local fire inspection *5/17*
- ☐ Emergency/disaster preparedness

will do E agm.

09/02/2014

Indiana State Department of Health

**Abortion Clinic
Human Resources
Request Form**

Personnel files should include:

- Prior education,
- position/title,
- date of hire,
- license/certification,
- initial orientation,
- in-servicing/education,
- job description,
- competencies
- current CPR status,
- most recent evaluation,
- physical exam/tests,
- two step PPD,
- Immunizations per facility policy.

PLEASE, Mark/label with tab on each of the above areas per file or have a staff member familiar with files available for review process. THANK YOU.

Nursing:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Administration: ~

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Indiana State Department of Health Personnel/physician identifier Table

Name of abortion clinic:

Clinic for Women

Date of Survey

4/2-3/18

Staff/Physician Name

MD #1

*See cash file
Rev.
form.*

Number assigned by surveyor. *See above*

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY
8645 CONNECTICUT STREET
MERRILLVILLE, INDIANA

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/21/2018
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY 8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State licensure survey.</p> <p>Facility Number: 011116</p> <p>Dates of Survey: 3/19/2018 to 3/21/2018</p> <p>Planned Parenthood of Indiana - Merrillville Clinic is in compliance with 410 IAC 26, Abortion Clinic Licensure Rules.</p> <p>QA: 03/23/2018</p>	T 000		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood Of IN & KY- Merrillville Surveyor Name Grace Russell, RN

Provider Number Surveyor Number 14445 Discipline PHNS

Observation Dates: From 3/19/2018 To 3/21/2018

Facility # 011116 State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/19/18	9:00am Arrival - Await facility Adm Staff to Arrive
	9:07am - VP Pt. Services And - Dir of Clinical Operations
Open Tues, Wed Thurs, Fri + Sat	Arrived Intro's (previously had Intro's also @ facility in Lafayette - AB Clinic)
Closed Sun/Thurs	- Interim Mgr present Aware of person for visit - State Survey - Held Entrance Conference & Requested Adm documents (list provided) - Brought some printed documents (from do procedures in Med
At Paces Per month 30/mo total	that are needed for survey Also requested POC for last yr (Jan. 2017) survey Mtd Nsg document request list to be emailed to from Janney. (Janney - Other ISDH surveyors) not present today - Mt Sick Day.
	- Risk & Quality Mgr arrived @ 9:45am Intro's and aware of person for visit. Med Dir
	Provided copy of QA list to Requested QA Mtg minutes for last 3 quarters (2017) QA meets quarterly; mtg minutes included @ that mtg
2 NP	10 ⁰⁰ am Received medical dir. - is scheduled for Act in pay @ (email documents)
Board meets 1 st other month Jan. due to they due to meet next week	10 ⁰⁰ am Received & agenda for next weeks Board Mtg (3/28/18) includes medical staff bylaws & for approval Security, Govt Comm. Minutes for approval, 4th Quarter 2017 Quality Mtg/data, Credentialing for NPs. Renewed Bylaws (board) Annual overp Mtg, committees, members ✓ Articles of Incorporation Board Rights, definition

GRACE RUSSELL
PHNS

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood Of IN & KY-
Merrillville

Surveyor Name

Grace Russell, RN

Provider Number

Surveyor Number

14445

Discipline PANS

Observation Dates:

From 3/19/2018

To 3/21/2018

Facility # 011116

State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/19/18	Agreement Renewal sent by - Adm. Director for attendance of Mtg (11/2017) ✓ for Delegation of Authority ✓ to manage center when on Vacation or leave ✓ 2/16/18 ✓
per	Reviewed board Mtg / mins - c Original Appt plates for Med Dir Also went to Annual (RCP) Mtg in 11/2017 ✓
Asst. med. Dir. since Does not provide @ Merrillville The is mainline @ Georgetown is only	- Med Staff Bylaws - 3/2017 ✓ Depts ✓ privs ✓ purpose ✓ responsibilities ✓ Qual's ✓ Appointment ✓ Active Staff ✓ committees ✓
	* Complaints + Adverse → (Corrected from last survey) ✓ Peer review ✓ * Required reporting → (Corrected from last survey) ✓ licensing requirements
	1045 Renewed PEP's for: Ch 2 (Adm) Mgt. of Emergencies ✓ P's and Drills ✓ personnel & CPR * Emergency Transfer 24/7 + available for consultation (Emergency #) Pt Follow up ✓ (medical staff) (Call 24/7)
(Lab) (Waived tests) CLIA cert	Contracts: must be in place ✓ must have I.C. program in place ✓ COT program in place ✓ Risk / QA Mgt ✓ Pt Services Quality Mgt ✓ Adv / Tracking / Complication Tracking ✓ Incident reporting State & participant ✓ Physical facilities ✓
15D0360690- exp. 9/23/19	Ch. 1 + Med screening + eval ✓ History ✓ Phy. Exam (includes Lab testing) Medical LMP, Allergies Surgical Any contraindications ✓ Vitals, Visual exam
Urine preg tests in Dipsticks Med + Rh typing Microscopy	

Lab safety (QA)
Shipping lab tests

Lab Corp

Grace Russell, RN
PANS

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood Of IN & KY-
Merrillville

Surveyor Name

Grace Russell, RN

Provider Number

Surveyor Number 14445

Observation Dates:

From 3/19/2018

To 3/21/2018

Discipline PHNS

Facility # 011116

State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/19/18	Review documents <input checked="" type="checkbox"/> Ch. 5: (Adm)
(corrected from last years survey)	Medical records + complete (all documentation of services + info provided) Storage + MR, stored in Areas → protected from fire, water, sources of damage only plain paper faxes (placed in drawer), confidentiality Record retention, Master Signature log, Abbrev. list, documentation complete. (include pt. educa) Physician Orders, Entries (who can make) Required forms for State (Scanned into records) medical And surgical <input checked="" type="checkbox"/>
(corrected from last years survey)	Drug/Alcohol Free Workplace policy <input checked="" type="checkbox"/> (random test) Reasonable suspicion testing <input checked="" type="checkbox"/> → * pre-employment testing Employee Assistance <input checked="" type="checkbox"/>
(Employee handbook covers background checks, criminal history)	Medical waste policy <input checked="" type="checkbox"/> Waste removal <input checked="" type="checkbox"/> includes trash regulated waste containers <input checked="" type="checkbox"/> logs <input checked="" type="checkbox"/> Disposition of Aborted Fetus - Indiana Republic picks up health center disposition or private disposition <input checked="" type="checkbox"/>
	Hazard communication <input checked="" type="checkbox"/> MSDS <input checked="" type="checkbox"/> for staff (identified/labeled) (binder) Annual OSHA training <input checked="" type="checkbox"/> (initial & Annual)
(cleaned monthly)	Laundry Services <input checked="" type="checkbox"/> completes here @ facility <input checked="" type="checkbox"/> follow manufacturers * have log Water temps Guidelines/cycles monitor for QA reported
	Pest control <input checked="" type="checkbox"/> Orkin + Monthly - * requested recent visits for assembly room
	Bldg maintenance <input checked="" type="checkbox"/> provided facilities coordinator or a contracted service <input checked="" type="checkbox"/>
* last Fire Marshal inspection 12/11/17 (Merrillville)	Housekeeping Services <input checked="" type="checkbox"/> q. Saturday (general cleaning) - daily cleaning + decontam Done by facility staff Schedule <input checked="" type="checkbox"/> (trained) Use approved disinfectant/registered

Russell
PHN

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood Of IN & KY-
Merrillville

Surveyor Name

Grace Russell, RN

Provider Number

Surveyor Number 1445

Discipline PHNS

Observation Dates:

From 3/19/2018

To 3/21/2018

Facility # 011116

State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/19/18	12:15pm Renewed Safety and Security Manual last renewed 4/7/17 General Security reminders (Floods/tornadoes) Fire extinguisher training & Drill Tornado Drill Oct. 2017 (Emergency Transfer procedure renewed) Feb. 2017 2018's scheduled - Renewed washing machine logs & cleaning review/contracted service for housekeeping (12/12/2017) Performance Company (Die Clinical Operations) ✓ Renewed Backup agreement for (DB/AN) 6/7/2017 In case of emergency pt adm. Renewed Vendor/Contract list ✓ *Also per QA list ✓ medical waste (SWI) Mt. Dwyer Police officers KIR Medication for PM's & Central Security Labcorp & CDD Praxair for Oz ✓ Renewed Pharmacy Policy ✓ (H PS-15) Approved ✓ 2/15/18 Med mgt Standards in place Controlled Substance log logs ✓ Overseer: Phyllis Overseer: An (pull out April 9th) ✓ Medical Director meds from (ordered) orders as needed and Reviewed ✓ Formulary last renewed 3/12/2018 ✓ Includes Valium ✓ Toradol ✓ Romazicon ✓ Narcan ✓ Phenergan ✓ Versed, Fentanyl ✓

see notes 3/19/18
clarification
backup
agreement
did to
different
Director
per
1/15
2017

pharmacy
policy per
corrected
developed
New log

Russell
PHNS

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood Of IN & KY- Merrillville Surveyor Name Grace Russell, RN
 Provider Number ***** Surveyor Number 14445 Discipline PHNS
 Observation Dates: From 3/19/2018 To 3/21/2018
 Facility # 011116 State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/19/18	<p>1:55pm - Discussed Occupational Health & Self Report Injury/Incidents (Electronics) - to choose Occupational Health Clinic/Center or their choice. "could be at the top of home" / convenience - All reports go to HR in prod. Includes pre-employment Drug Screens ✓</p> <p>2:15pm - Tour of facility + See tour sheet ✓ Equipment PM'd 3/16/18 ✓ Clean ✓ Logs ✓ Sealed ✓</p> <p>3:20pm - per (emergency code cart has been ordered for facility ✓ (will have Jimmy renew med. and emergency kit tomorrow) Discussed documents still needed for tomorrow Mtg. mins, WA, Prod files, further PM documentation further safety documentation: Aware of Approx Arrival time for tomorrow - Left facility @ 3:30pm</p>
3/20/18	<p>9:00am Arrived @ facility - Discussed Refrigerator temps (logs) if required; At just keeping soda for pt's in that refrigerator and "nothing back in opened" (a) -</p> <p>Jimmy Arrived - Discussed documents renewed yesterday and tour completed. Jimmy to complete med room / emergency kit.</p> <p>9:50am Reviewed Safety Manual + look for specific to renewal of unusual occurrences + disabilities requested from further documentation for policy for occurrence reporting and renewal. (Aime reports) Plus PHNS -</p>

SURVEYOR NOTES WORKSHEET

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Surveyor Name

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Provider Number

Surveyor Number 14445

Discipline PHNS

Observation Dates:

From 3/19/2018

To 3/21/2018

Facility # 011116

State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/20/18	9:57am Renewed Corporate Compliance "Plan" (quality) Approved 3/8/18. Quality/Risk Mgt Committee
* Compliance Officer's Audit	Renewed Quality & Risk Mgt Committee Charter (March 2018) Quality of PT care, patient's quality, risk, safety & clinical services + improvement strategies. Infection control (subcommittee) of Quality/Risk Mgt meets quarterly. Attached list of Quality Activities, goals * Vendor review (contracted list) New logs Recovery room training Annual competencies Inf control - monitor, renewals & training Chart Audits ✓ Press Boxes PT Services Audit Emerg. Drug Box checks Expired meds PT education (Rec'd) Proper + Auditing Annual drills
	Contract center reports Medication error reporting Pharmacy (✓ completed from integ survey)
10:40am	Renewed QA or Inf control Mgt plans - Aug 17, 2017 Renew Summary Audit summaries (MR Audit) @intg Complications reviewed (also entered in AIMS) Renew Incident reports Infection Trends/Issues Training (OSHA) Pharmacy ✓ Sterilization Incident reports reviewed. OSHA exposures - (needle stick (Merrillville))
11/9/17	Audit summaries, complication logs, Incidents, Inf control trends/issues & more @intg * Vendor review - no issues POC training ✓ GR Russell PHNS

SURVEYOR NOTES WORKSHEET

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Provider Number _____ Surveyor Number 14445 Discipline PHNS

Observation Dates: From 3/19/2018 To 3/21/2018

Facility # 011116 State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/20/18	10:55 AM QA/PE Mtg / Miss - review email - @Mtg 3/1/18 Health Center logs updated Audit summaries Complications reviewed Incidents reviewed (no trends identified) Inf control trends/issues * AB Vendor review / log - list updated 4th quarter Report of Mgt Operations + Q4 QIL & EP Mtg minutes - reviewed Next Mtg July 2018
to go the board March 20th and review approvals	Reviewed 4th quarter QM & EP Reports logs updated Medical Record Audits U/S Audits (>90%) Vendor review log / reviews Inf control training Mandatory reporting Complications Center incidents
and	11:30am - Reviewed Rf Mgt Operations Jan 1 - Mar 31, 2017 QA/PE - * services furnished by contractor Inf control * Response to pt emergencies * D/c transfer of pts * Medical / medication errors * Reportable events Complications / Rate by provider Security Training
	April 1 - June 30, 2017 QA, (activities) - As Above + follows items / list / agenda Includes services by contractor No issues U/S + add Training & Webinar for techs
Prev. issue corrected	July 1 - Sept. 30, 2017 - QA activities (Above) * Inf control - includes laundry * no issues/trends no reportable SE

SURVEYOR NOTES WORKSHEET

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From 3/19/2018

To 3/21/2018

Discipline PHNS

Facility # 011116

State licensure survey

TAG/CONCERNS

DOCUMENTATION

3/20/18

12pm Cont'd review Report Mgt Operations

(July 1 - Sept 30, 2017) + cont'd

Complications → 4 non-surg → ongoing - H/A And treated
to Surg Abortion. (Moral as to provider specific)
→ Surgical → 8%

Complaints, Staff Evaluation & Training ✓

(✓ Staffing summaries for/to the Board Also renewal
Oct 1 - Dec 31, 2017 → Mgt Op

Totals 213 Surg

102 non-surg's

QA activities ✓

as in Mgt's → No Issues

Inf. entire Audit tools ✓

Complications → Minor

Surg →

8.5%

non-surg → 1.1%

events reported
to manufacturer ✓

8% for both

12:25 pm

Reviewed Board Mtg Mins #11/29/17 (annual)

CEO report, Financials, Audit reports, Strategies, board members

Board Mtg 8/26/17 ✓

Approval prev Mtg minutes ✓ (5/31/17)

Risk Mgt ✓

PE services/reports → presented by
Rpt activities ✓

5/31/17 Mtg ✓

Approval prev Mtg minutes 3/22/17

@Mtg

PE same services/activities

3/22/17 ✓ Audits

Budget Approvals ✓

1/25/17 ✓

Quarterly

Board report ✓

@Mtg

QA

data/comments

for 1st quarter

only partial

would be ready for
board Mtg next

first quarter

not completed

yet. (Date/Date)

PHNS

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 Provider Number _____ Surveyor Number 14445 Discipline PHNS
 Observation Dates: From 3/19/2018 To 3/21/2018
 Facility # 011116 State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/20/18 15pm	Reviewed Equip Maint, follow (performed) required reg's, guidelines, standards, and manufacturer's guidelines. Schedule calendar (Reviewed further e, 3/21/18) ✓ manuals online ✓ Periodic review of maint program ✓ K&K medical → provider + PHNS + parent leakage checks ✓ for medical equipment.
125 1pm	Reviewed Fire Extinguisher monthly inspection logs ✓ Jan-Mar 2018 ✓ Total 7 for facility ✓ completed by Reviewed OSHA Service Records Aug 2017, Sept 2017, Oct 2017, Nov 2017, Dec 2017, Jan 2018, Feb 2018, Mar 2018 Reviewed Equip maint Check for 2018. (Also see PM sheet) Await further documentation ✓ (to receive tomorrow) Also await maint reports for HVAC - ✓ and A20 heater
3pm	Reviewed Check files for Physicians (see file + NP's) (see sheet) (Begin) Will finish/complete tomorrow still need further info for
3:35pm	Discussed findings thru frp e Janney and documents left for tomorrow (Janney to finish closed medical record review tomorrow). Also discussed Approx Arrival time for tomorrow. (No issues / def's thru frp → Admin on Wed)
files maint med room	Discussed e → Approx Arrival time for tomorrow. left facility @ 3:45pm

Grace Russell RN
PHNS

SURVEYOR NOTES WORKSHEET

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Discipline PHNS

Facility # 011116

State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/21/18	9:00 AM Arrived @ facility
	Completed cred file reviews (see file sheet) No issues noted (corrected from last year survey)
10:00 AM	Reviewed Quality Standards / Contract / Vendor Review log 2017 (went to board; through night operations report)
3/21/18 sheet 3/21/18 sheet	Reviewed maint / calendar / via computer / in A Sharada folder for facilities
10:15 AM	✓ Renew / discussed policy for renewal (interval) of unusual occurrences & disasters to of Ch 2 of MS & G's (policies / standards)
10:22 AM	Reviewed Annual HVAC Inspection (completed by (see physical plant) Packway) ✓ work sheet
New loss implemented data to go to quality mgmt 4/1/18 for 1st quarter 2018	January completed closed. Medical record renewal to
	11:01 AM backup agreement is a Verification of privileges for (7/27/2017) backup / agreement letter (7/27/17) pt emergency & pt administration ✓
* plant Review PEP's (MS & G's) June 2016 Due June 2019	Reviewed notes, copies of documents need (needed) and discussed findings re January. Nsg & issues Admin & issues
	Prepare for Joint Conference

GRussell
PHNS

SURVEYOR NOTES WORKSHEET

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Provider Number

Surveyor Number 14445

Discipline PHNS

Observation Dates:

From 3/19/2018

To 3/21/2018

Facility # 011116

State licensure survey

TAG/CONCERNS

DOCUMENTATION

3/21/18

12pm Held Exit conference &
Informed of findings Admin & issues
Nrsq & issues
following PEPR's

Informed Reports to be renewed by ISDH -
Informed to watch for reports to arrive via regular
mail and to respond accordingly (if needed) -

Thank you's given

and left facility @ 12:30pm

Russell
PHNS

fact 011116

Planned Parenthood
Memphis

3/19-2/2018

Abortion Clinic
Administrative Document Request

List of credentialed staff for Current (2 Physicians)
List of non-nursing Personnel for Nrgg (See Tarry's Notes/ List)

- ☒ Ownership—copy of articles of incorporation
- ☒ Quality assurance plan and documents to include all services/function/contracts
- ☒ List of contracts with scope and nature of services.
- ☒ Constitution and bylaws of governing body (if applicable)
- ☒ Minutes of governing body (if applicable)
- ☒ Process for reporting health professionals
- ☒ Written policy addressing internal review of unusual occurrences and disasters (VCh.2)

AIMS
reporting
system for
Occurrences.

Medical Staff Rules including:

- ☒ Procedures for emergency, initial treatment, transfer
- ☒ History and physical
- ☒ Authentication of orders, who may take verbal orders
- ☒ Policy and procedure for communication with and timely response of physicians concerning a pt emergency
- ☒ Health care worker practice problems
- ☒ Physician Credentialing (if physician performs procedures): verify admitting privileges in writing OR a written agreement with another physician with admitting privileges. The document(s) must be present in the clinic.

transfer protocol ✓

Medical records policies including:

- ☒ Policies assuring documentation of care and services provided
- ☒ Policies for safeguarding records from sources of damage
- ☒ Maintenance of records for appropriate time frame
- ☒ Authentication and security of record
- ☒ Use of plain paper fax
- ☒ Confidentiality
- ☒ Release of information

Formulary
revised 3/12/2018

✓ Laundry policies — ON site

Dietary policies (if applicable) → only pop, juice, snacks offered / pts choose

Lab policies including: CDA and LabCorp

- ☒ CLIA certificate or waived
- ☒ Quality control and QA policies for complexity of tests

Physical plant/ Safety policies including:

- ☒ Preventative maintenance policies/logs
- ☒ Repairs and electrical leakage checks
- ☒ Housekeeping and infectious waste policies
- ☒ Equipment inspection
- ☒ Vermin Control (ORCA)
- ☒ Building operations —
- ☒ Chemical substance use/storage (cleaning products ✓)
- ☒ Surgical waste disposal — SWI — 2x monthly
- ☒ General housekeeping
- ☒ Fire control plan AND Evidence of state or local fire inspection
- ☒ Emergency/disaster preparedness

12/11/2017

Drill → Fire Oct. 2017 ✓

Tornado 2/28/17 ✓

09/02/2014

2018's to be scheduled
completed / to be returned

Shussup
PHNS

fact # 011116

Facility Name Planned Parenthood - Merrillville
 Surveyor Grace Russell RN, PHNS Date 3/19-21/2018

**ABORTION CLINIC
DOCUMENT REQUEST - CREDENTIAL FILE REVIEW**

	MD#	MD Name	App/ Reappt	IN MD License	IN CSR	DEA Registra	Edu/Train Exper	Priv	CPR	Perf Rev
appt 2010 med DIR	1		Renewed @ Lafayette site						sch. ACS	eval 12/15/17
			In order - NO issues							✓
orig appt 2014	2		8/2014 (board met)	✓	✓	✓	✓ (CAL) Push Board cert	✓	ACS	11/15/17 JNS ✓
initial 2005	3		Reappt 8/2014 (board met)	✓	✓	✓	✓ (CAL) ✓	✓	ACS	12/29/17 JNS ✓
		And Asst Medical Director (6/27/17)								
	AH#	Allied Health Name/Title	App/ Reappt	IN License	IN CSR License	DEA Registra	Edu/Train Exper	Priv	CPR	Perf Rev
	1	NP	7/2017	✓	✓	—	✓ (CAL) ✓	Job + descrip Cr. h.v	✓	2/2018 JNS ✓
					cert (exp 7/2021)		orientation & preceptor			
	2	NP	7/2017	✓	✓		✓ (CAL) ✓	Job + descrip Cr. h.v	✓	2/2018 JNS ✓
					cert ✓					

Cr. h.v
 orientation & preceptor

Grace Russell RN PHNS

Facility Name Planned Parenthood - Merrillville

Surveyor Grace Russell for PPHS Date 3/19 - 3/21/18

**ABORTION CLINIC DOCUMENT REQUEST
QA/PI MONITORS**

	Monitor Y N	Standard Y N	QA Reports Y N
Biohazardous Waste	Y (SWF)	Y	Y
Biomedical PM	Y	Y + R Medical	Y
Housekeeping	Y	Y	Y
Lab	Y	Lab Corp + RSP	Y
Laundry/Linen	Y	Y	Y
Medical Records	Y	audits	Y
Maintenance	Y (Internal)	Y	Y
Nursing	Y	Y	Y
Pharmacy	Y (Internal)	Standards in place to pharmacist	Y
Security	Y	Off duty police officers & Central Security	Y
Discharges	Y	Y	Y
Transfers	Y	Y	Y
Infection Control	Y	Y	Y
Response to Patient Emergencies	Y	Y	Y
Medical & Medication Errors	Y	Y	Y
Reportable Events	Y	Y	Y

(Performance Co)
Tegrete

and external for
HVAC & Parkway
Mechanical

Semi-annual governing board meetings which included QA&I reports

Pest Control - Optima ✓

HVAC Maint (Parkway
Mechanical) ✓

PHS call service
Central ✓

O2 - Proxima ✓

Sonogram - GE

SR

Discussed
and

fac #011116

State
Survey

ABORTION CLINIC ADMINISTRATIVE TOUR

FACILITY Planned Parenthood SURVEYOR Grace Russell RN, PHNS
Merrittville
MED DIR _____ MANAGER _____ TOUR: DATE 3/19/18 TIME 2:15p

accompanied by

- ✓ Posting of license
- ✓ Pantry/nourishment area (Refrig) ✓
- ✓ Janitor closet
- ✓ Housekeeping
- ✓ Preventative Maintenance
- ✓ Storage Areas (main)
- ✓ Flammable agents
- ✓ Tank storage and secured
- ✓ Overall maintenance
- ✓ Adequate battery powered lighting and equipment
- ✓ Medical record storage (electronic) ✓
- ✓ Laundry Services / temp read out
- ✓ Safety
- ✓ Lab area, as applicable / eye wash
- ✓ Chemical use and storage
- ✓ Refuse/infections waste -

and

Procedure fm #1 ✓
table
lights } Pm'd 3/6/18
Suction machine

Procedure fm #2 ✓
equip same as
Room #1 - Pm'd 3/6/18
Disinfect logs → Other US machine ✓ pm 3/6/18

door #
unlocked
when PMS
Staff locked room
meant for meds/emerg kit ✓

(Safety
to complete)

COMMENTS/INTERVIEWS: Main waiting Area ✓
Alarmed ✓ Exit signs ✓
Cameras ✓ Flash lights ✓ Wheelchair ✓
Consult fm's ✓ pt BP ✓ pm 3/6/18 ✓

non-sprinkler bldg
fire extinguisher ✓
Smoke detectors ✓
lighted exit signs ✓

Scales pm
3/6/18 ✓

US Room (#1)
exam table
pm 3/6/18 ✓

Disinfect logs ✓
No Issues
Steps ✓

Pm US machine (GE)
3/6/18 ✓

BP cuff
machine pm 3/6/18

E2 Kill
clorox wipes ✓

Refrig
Rhogram ✓
temp logs ✓ no issues

Pt education
material

Spore testing (Autoclave
(sterilizer)
Q 7 days to healthlink

test results ✓ Bac
1/4/18, 1/11/18, 1/18/18,
1/25/18, 2/1/18, 2/8/18,
2/22/18, 3/1/18, 3/8/18
(all same dates)

24hr POC/lab room ✓
instruments
& speculums
Sterilizer logs
X2
pm'd 3/6/18 ✓

maxizyme
for cleaning
suction canisters

bio container
in place on Wed
(procedure drugs)

AED ✓ (by procedure fm
pm 3/6/18 ✓ + recovery fm)

+ cleaning's ✓
09/02/2014

pe

fact 011116

State Survey

Facility Name Planned Parenthood - MerrillvilleSurveyor Grace Russell RN, PHNSDate 3/19-3/21/18

**ABORTION CLINIC
DOCUMENT REQUEST - PHYSICAL PLANT WORKSHEET
EQUIPMENT**

Type	Tag 0406 Maint Sched	Tag 0408 PM	Tag 0410 Triennial Review
Heating	✓	6/30/17	
Ventilation	✓	parkway	Renew / problems
Air Conditioning	✓		done roof ✓
Emergency Generator			
Emerg Power Source			
Fire Alarm	✓	Koorsen inspection 12/5/17	
Smoke Detector	✓ (batteries)	"	" and fire marshal (local 12/5/17)
Sprinkler System			

Type	Tag 0414 Maint Sched	Tag 0416 PM	Tag 0418 Electr Check	Tag 0418 Triennial Review
Anesthesia Machine				
Cardiac Monitor				
Centrifuge	✓	✓ 3/6/18	✓	
Defib/AED	✓	✓ 3/6/18	✓	
Emerg Call Code Syst	no pull cords	overhead paging system	✓	
Patient Exam Light	✓	✓ 3/6/18	✓	
Patient Scale	✓	✓ 3/6/18	✓	
Recovery Chair	✓ not electrical			
Sterilizer	✓	✓ 3/6/18	✓	
Suction Machine	✓	✓ 3/6/18	✓	
Surgical/Exam Table	✓	✓ 3/6/18	✓	
Ultrasound	✓	✓ 3/6/18	✓	
Wheelchair	✓	✓ 3/6/18		

Microscope 3/6/18 ✓
NA -- do not have equipment

NR -- not responsible, as equipment is building-wide & maintenance responsibility is by lessor

FIRE DRILLS Tag 0436

	Quarter			
	1	2	3	4
Shift 1	/	/	/	* Oct. 2017 ✓
Shift 2	/	/	/	
Shift 3	/	/	/	

Abortion Clinics usually have only 1 shift

*Grace Russell RN
PHNS*

K&R
medical

Corrected
from last
survey
lightage
checks

Facility Name Planned Parenthood - Merrillville

Facility Name Planned Parenthood - Merrillville
 Surveyor Grace Russell RN, PHNS Date 3/19-3/21/2018

Date 3/19-3/21/2018

NAME (Print)

TITLE (Print)

VP of Patient Services

Director of Clinical Operations

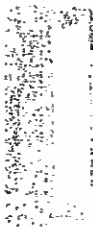
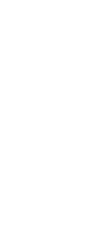
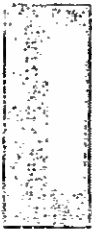
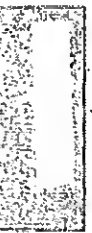
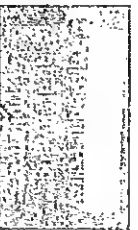
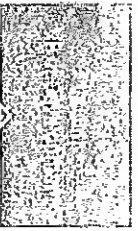
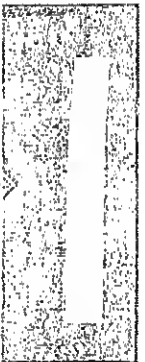
Incident Manager

Risk + Quality Manager

Annual Report 2000

Page 6

BOARD OF DIRECTORS



Planned Parenthood of Indiana & Kentucky Quarterly Vendor Review Log

PPINK Health Center- Merrillville

Year:	Health Center Staff must print, initial and sign name when completing this vendor review log quarterly.	Quality Standards	Q1	Q2	Q3	Q4	Comments
Vendor							
SWI- Specific Waste Industries Medical Waste Disposal		Replaces biohazard boxes on time Responds to a problem in a timely manner Vendor Ability to Meet Requirements Building secure when vendor leaves the premises Quality Standards Keeps Appointments Responds to problems in a timely manner Health Center's "bug free" Health Center is "rodent free" Quality Standards Calls are answered and routed to nurses correctly Calls are answered and routed to nurses consistently Responds to issues in 24 hours Emails for each call are sent to RGM & Director of Clinical Operations Quality Standards Health center is cleaned every Saturday Surfaces cleaned in accordance with PPINK protocol Surfaces cleaned using PPINK approved products Vendor responds to issues within a timely manner Quality Standards Routine annual visits are made to health center Aprior service on site in 24 hours of call for issues impacting clinic operations Non-emergency repairs corrected within 7 days Inspection logs on all devices with next inspection due date. Annual PM documented per PPINK protocol Quality Standards					
Orion Pest Control Pest Control							
Central After hours call service							
Yegrele Housekeeping							
KAR Medical Equipment Repair Inc Preventative Maintenance							
Merrillville Police Department Off Duty Officers Security Services							
Central Security & Communications Security Services							
CPD & Tap Corp Laboratory Services							
Parkway Mechanical HVAC Maintenance							
Traxair Distribution Oxygen Services							

Sonogram Maintenance - GE		Quality Standards		Q1	Q2	Q3	Q4	Comments
Health Center Staff documentation		Annual inspection completed and documented Vendor responds to issues in 24 hours Printed Name/Signature		Initials				
Q1								
Q2								
Q3								
Q4								

PFINK Revised 11/17

fact 011116

Facility Name Planned Parenthood - Merrillville

Surveyor Grace Russell RN, PHNS Date 3/19-3/21/2018

**ABORTION CLINIC
SIGN IN SHEET**

NAME (Print)

TITLE (Print)

VP of Patient Services
Director of Clinical Operations
Interim Manager.
Risk + Quality Manager

Bober RW

Abortion-Clinic
Nursing Document Request

Patient list/register for Nov 2017 to Feb 2018
List of all Nursing Personnel including agency for Same
Complaint Log for Same
Incident Reports for Same

It trsf out-Same

Personnel policies including;

- ☒ Policy for control of communicable diseases includes specific to TB
- ☒ Orientation and training of new employees, contract and agency personnel
- ☒ CPR policy
- ☒ Annual in-service requirements
- ☒ Annual competency for nursing and other personnel performing lab tests

Patient care/nursing policies and procedures including;

- ☒ Composition of and meeting minutes for the patient care personnel committee *reviewed*
- ☒ Reliable method of ID *reviewed*
- ☒ Instruction for follow up care and transportation—to include counseling, RH type and administration of Rhogam
- ☒ Reporting of post procedure complications and follow up
- ☒ Cleaning and sterilization of reusable equipment

Infection control program and policies including;

- ☒ Composition and meeting minutes of infection control committee
- ☒ Provision for active and effective Infection Control Program

Sterilization policies and procedures including;

- ☒ Instructions for loading, operating, cleaning and maintaining sterilizers
- ☒ Instructions for cleaning packaging, storing, labeling and dispensing of sterile supplies
- ☒ Records of sterilization cycle and results of biological indicators in testing sterilization
- ☒ Cleaning of environmental surfaces contaminated by blood or infectious material

Anesthesia policies including;

- ☒ Safety rules to be followed
- ☒ Safety training required of personnel
- ☒ Preanesthesia, intraoperative and post anesthesia policies and requirements

Pharmacy services policies including; -Grace

- ☐ Records of stock supplies and accounting of all items
- ☐ Policies for drug handling, storing, labeling dispensing and administration
- ☐ Reporting of adverse reaction and medical errors
- ☒ Storage and security—Medication Room
- ☐ Formulary
- ☐ List of available emergency drugs

List 13/14/15

List return visits → incomplete - Same

List any infections → Same

09/02/2014

Avg # of cases month

Avg sum Tues/Wed → if so times

DBerlin RN

ABORTION CLINIC NURSING TOUR

Facility # 011116

FACILITY Planned Parenthood -- Merrillville

SURVEYOR Tammy Berber RN

MED DIR _____

MANAGER _____

TOUR: DATE 3/20/18 TIME _____

STAFFING: R.N. _____ LPN _____ Tech _____ Ratio: _____

____ Traffic pattern
____ Dressing areas/staff/patients
____ Adequate supplies/storage
____ Clean utility

____ Soiled utility
____ Linen Storage
____ ☒ Handwashing sinks/toilets
____ preventive maintenance

See Grace Russell
Surveyor
notes

NUMBER OF PROCEDURE ROOMS 2

PROCEDURE/ANESTHESIA/RECOVERY AREAS:

____ Scrub area
____ Dress code adherence
____ ☒ Emergency call system
____ ☒ Oxygen/humidifier bottles
____ Resuscitation equipment
____ Defibrillators (if IV Sedation is used)
____ Cardiac Monitors (if IV Sedation is used)
____ Pulse Oximeters (if IV Sedation is used)

____ Suction Equipment (if IV Sedation is used)
____ Other supplies/equipment specified by medical staff (if IV Sedation is used)
____ IV equipment
____ ☒ Anesthesia agents used
____ ☒ Sharps disposal
____ ☒ Medication and narcotic storage/drug areas/stock supplies

9⁰³ tour
C

OTHER:

____ Clean/dirty instrument/sterilization areas
____ Sterilizers
____ Chemical/biological indicators
____ Waste disposal: All types -- reviewed -- surveyor notes

COMMENTS/INTERVIEWS:

See Grace Surveyor Notes r/t tour

T Berber RN

Grace
Surveyor
notes

Fac # 011116

Indiana State Department of Health

Abortion Clinic
Human Resources
Request Form

Personnel files should include:

- Prior education,
- position/title,
- date of hire,
- license/certification,
- initial orientation,
- in-servicing/education,
- job description,
- competencies
- current CPR status,
- most recent evaluation,
- physical exam/tests,
- two step PPD,
- Immunizations per facility policy.

PLEASE, Mark/label with tab on each of the above areas per file or have a staff member familiar with files available for review process. THANK YOU.

Nursing:

1. _____ - RN - floats from another location
2. _____
3. _____ HCA
4. _____ - HCA
5. _____ - HCA
6. _____ - HCA
7. _____
8. _____
9. _____
10. _____

Administration:

1. _____) - Int Mgr
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Berlin RN

Abortion Clinic: Planned Parenthood – Merrillville Date: March 19-21 2018

Not required by facility

116 + Annual

[illegible]

09/02/2014

Über den RW

Fac#011116

Indiana State Department of Health Patient/Record Identifier Table

Name of abortion clinic: Planned Parenthood-Merrillville

Date of survey: March 19-21 2018

Type of survey: State Licensure

Patient's name or medical record number	Number assigned by surveyor to patient's name or medical record number
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	22
	23
	24
	25
	26
	27
	28
	29 (Incident pt)
	30 (Incident pt)

Handwritten signature

ABORTION CLINIC MEDICAL RECORD REVIEW

[Handwritten signatures and names are visible along the top edge of the page.]

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #
	11	12	13	14	15	16	17	18	19	20
Patient identification to include:										
Name										
Age										
Address										
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematocrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Completion of the abortion documented by ultrasonography or other clinical means	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provision of follow-up examination and services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Premedication evaluation within forty-eight (48) hours before a surgical abortion	X	X	X	X	X	X	X	X	X	X
History and physical examination report to include:										
Vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any significant risk factors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The date written	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of a physical examination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any allergies and abnormal drug reactions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Entries related to anesthesia administration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1, State Form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A report describing techniques, findings, and tissue removed or altered.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Condition on discharge, disposition of the patient, and time of discharge.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge entry to include instructions to the patient or patient's legal representative.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the transfer form, if the patient was referred to a hospital or other facility.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the terminated pregnancy report. 1SDH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activities allowed and to be avoided	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up appointment, if indicated	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Counseling regarding Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Administration of Rh immune globulin, if indicated - unless patient signs a waiver or other arrangements for administration are documented	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Conscious sedation										
Frequent monitoring for verbal responses	X	X	X	X	X	X	X	X	X	X
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used.	X	X	X	X	X	X	X	X	X	X
Postanesthetic evaluation for proper anesthesia recovery before discharge	X	X	X	X	X	X	X	X	X	X
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)	X	X	X	X	X	X	X	X	X	X
Form 56113 - Certification of Provision of Perinatal Hospice Information	X	X	X	X	X	X	X	X	X	X
Form 56114 - Disposition of Aborted Fetus	X	X	X	X	X	X	X	X	X	X
Form 56115 - Available Counseling after an Abortion	X	X	X	X	X	X	X	X	X	X

* Too Soon for it to be in system
* observed paper copy

Mother signed

Mother signed
Father signed
Mother signed

Barbara RN

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #
	21	22	23	24	25	26	27	28	29	30
Patient identification to include:										
Name										
Age										
Address	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematocrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Completion of the abortion documented by ultrasonography or other clinical means	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provision of follow-up examination and services										
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion	X	X	X	X	X	X	X	X	X	X
History and physical examination report to include:										
Vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any significant risk factors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The date written	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of a physical examination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any allergies and abnormal drug reactions	—	—	—	—	—	—	—	—	—	—
Entries related to anesthesia administration	—	—	—	—	—	—	—	—	—	—
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1, State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A report describing techniques, findings, and tissue removed or altered	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Condition on discharge, disposition of the patient, and time of discharge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge entry to include instructions to the patient or patient's legal representative	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the transfer form, if the patient was referred to a hospital or other facility	—	—	—	—	—	—	—	—	—	—
Copy of the terminated pregnancy report	*	*	*	*	*	*	*	*	✓	✓
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement	—	—	—	—	—	—	—	—	—	—
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activities allowed and to be avoided	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up appointment, if indicated	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Counseling regarding Rh typing	—	—	✓	—	—	—	—	—	—	—
Administration of Rh immune globulin, if indicated - unless patient signs a waiver or other arrangements for administration are documented	—	—	—	—	—	—	—	—	—	—
Conscious sedation										
Frequent monitoring for verbal responses	X	X	X	X	X	X	X	X	X	X
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used	X	X	X	X	X	X	X	X	X	X
Postanesthetic evaluation for proper anesthesia recovery before discharge	X	X	X	X	X	X	X	X	X	X
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion/Consent Decision)	X	X	X	X	X	X	X	X	X	X
Form 56113 - Certification of Provision of Perinatal Hospice Information	X	X	X	X	X	X	X	X	X	X
Form 56114 - Disposition of Aborted Fetus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56115 - Available Counseling after an Abortion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

* reviewed paper copy

mother signed

Booker PW

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood - Merrillville Surveyor Name Tammy Berber, RN
 Provider Number _____ Surveyor Number 35731 Discipline PHNS
 Observation Dates: From 3-19-2018 To 3-21-2018

①

TAG/CONCERNS	DOCUMENTATION
3-19-18 9:30 am	Sent nursing document request form emailed to facility -
3-20-18 9:15 am	<p>Entered facility Met c Grace + Discussed tour completion on 3-19 Monday done by Grace Went through personnel files requested Collected documents Emergency Trsf - Pt follow up protocol The patient's clinician, center nurse or ctr mgr should call the pt w/ 24 hr following the incident if during business week. If the incident falls outside of business hours the pt should be called the next day Reviewed Pt Safety & Quality of care Committee Charter</p>
950	Had an LPN or RN one left of 3/8 + other 3/2 w/ed are procedure days - we pull an RN from Bloomington Per
	Trsf to Hospital reviewed
	<p>No pre employment physicals are required @ PP/NG Proof of immunity for R, R, m + V + P may be req based upon job description. Hep B offered & recommended.</p>
	Communicable Diseases will be reported to ISDH
	<p>Training req w/ 6m of hire r/t abortion options abortion pill abortion sx</p>

J Berber RN

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood - Merrillville Surveyor Name Tammy Berber, RN
 Provider Number _____ Surveyor Number 35731 Discipline PHNS
 Observation Dates: From 3-19-2018 To 3-21-2018 (2)

TAG/CONCERNS	DOCUMENTATION
3-20-18	CPR - all staff providing direct pt care
958	PPINK Quality Management + Infection Control Committee reviewed IC meeting minutes 4/13/17, 8/17/17, 11/9/17
IC RN	4/13/17 Audits added - Labs Abnormal, Follow up, MR audit reviewed Complication Reports, IC trends rev mandatory reporting training 3/17, IC cleaning procedure rooms, incidents discussed - no trends
	8/17/17 no abortion audits (new), MR audits reviewed, complications reviewed for Q2, IC issues none identified, All staff participated in IC prevention training on sterilization + disinfection rooms 6/20/17 Staff participated in CSHA, incidents reviewed
	11/9/17 audits from Q3 discussed - review complication reports + parameters c staff @ next staff meeting All staff participated in infection prevention training on point of care testing in 9/2017.
	→ See Draces notes r/t autoclave
	Follow up P/P PSLs 2/2/18 pts are notified of all abnormal results following the notification + must be documented in the record.
	Laboratory Testing must include Rh typing - unless pt reports Rh ⁺ status or written documentation of Rh ⁺ status is available
	Rho(D) Immune Globulin if Rh ⁺ 50mcg must be given the same day or w/i 72 hours of mifepristone The 1/2 life of Rh ⁺ (D) is 24 days. If pt rec during preg + complete abortion did not occur w/i 3 wks of its administration, <u>must</u> repeat dosing

T. Berber RN

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood - Merrillville Surveyor Name Tammy Berber, RN
 Provider Number _____ Surveyor Number 35731 Discipline PHNS
 Observation Dates: From 3-19-2018 To 3-21-2018 (3)

TAG/CONCERNS	DOCUMENTATION
3-20-18 1008	<p>Complication Logs reviewed</p> <p>Sx Ab Date: _____ Incomplete meth post Med Ab _____ ongoing preg 2wks no comp _____ Add event report med Ab _____ ongoing preg</p> <p>1.3.b table - Delayed Complications & problems amenorrhea, bleeding in medication abortion, failed abortion (cont preg) condition - failed abortion (cont preg) - post operative - no gest sac or fetal tissue identified on POC exam recounsel pt on pregnancy options, if chooses termination provide aspiration (c/ult guidance if needed) or medication abortion, depending on pt eligibility & preference. Incomplete abortion - any time in first month post procedure persistent nonviable preg p med abortion - pelvic pain, heavy bleed offer aspiration or uterotonics, provide antibiotic therapy if symptoms or signs of infection</p>
1015	<p>Cleaning/Disinfection & Sterilization</p> <p>Infection Sterilization</p> <p>Vaginal Probe - ULI - Semi critical devices ↑ level disinfection Clean per man rec - Soak probe OPA 12 min → digital timer (ortho-phthalaldehyde) Soak in water 2 min & digital timer → allow to dry ✓</p>
1100	<p>ULI Tech FT - Completed online class & sono training → upon hire & annual compliance is required - observed - Sterilization/disinfection High level</p> <p>Reusable Metal Instruments - Soaked immediately p use in an enzymatic cleaner (maxizyme) Wear PPF - Scrub → rinse → inspect → wrap</p>

T. Berber RN

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood - Merrillville Surveyor Name Tammy Berber, RN
 Provider Number _____ Surveyor Number 35731 Discipline PHNS
 Observation Dates: From 3-19-2018 To 3-21-2018

(4)

TAG/CONCERNS	DOCUMENTATION
3-20-18	Facility uses single use tubing → flushes + gets disposed
1035	Specimen bottles → emptied + scrubbed inside + out c enzymatic cleaner → p cleaning → sprayed c approved PPINK disinfecting agent → manu rec → digital timer → placed upside down to air dry
	Speculums → Kept wet in enzymatic cleaner → open them scrub them + rinse → let dry → autoclave → covered container → place in exam tables
3-21-18 1110	Per all staff trained r/t infection class includes autoclave → then staff also get it on onboard training → they have to read the Ch 2 Cleaning, Disinfection & Sterilization Infection Control manual then there is Qtrly training
	We have an Infection Control Nurse @ each location. The IC person for Merrillville resigned last week so we are in the process of hiring a new RN which will head up the IC program @ this location.
	Reviewed Autoclave log c
	Observed storage closet for PPE + solution + supplies
	Observed pt rooms → c
Int. HEA	Procedure rooms → to be cleaned → remove paper covering → spray bed leave on 3 minutes per product directions → let dry → cover paper → if bed is visible soiled
	Wipe bed if not soiled c EZ Kill between patients let dry then replace paper.
	Review of formulary for 2-18 Rhogam

17.2mg ABQlet x 5 Dys

←

misoprostol
mifepristone +
methergine

Berber RN

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood - Merrillville Surveyor Name Tammy Berber, RN
 Provider Number _____ Surveyor Number 35731 Discipline PHNS
 Observation Dates: From 3-19-2018 To 3-21-2018

(5)

TAG/CONCERNS	DOCUMENTATION
3-20-18	Patient Complaints PS 13 2/16/18
1050	Track pt Complaints all must be addressed by the health center mgr or pt services leadership team, follow up, must be summarized & reported quarterly to the pt services IP/QM meeting by the RQM
	Emergency Drug box content sheet reviewed Log kept in medication room.
	Have an AED → working on getting a code cart Rec the facility has not had any emergent situations needing emergency cart.
	Housekeeping schedule Countertops Dly - antimicrobial Exam tables Dly / week antimicrobial Instrument buckets Dly antimicrobial Stands/carts Dly - antimicrobial
	MaxiZyme Cleaner Clorox EZ Kill wipes (Broad Spectrum)
	Waste Removal Ch 3 All waste materials - gloves, table paper, tissues, cotton swabs, cen. scrapers are to be placed in appropriate waste receptacles and then are disposed of in compliance Slides, scalpels, syringes, microscope slides & needles must be placed in sharps containers. When sharp containers are 3/4 full they must be closed & placed in medical waste boxes for removal Soiled but not contaminated table paper, drape sheets & gloves will be disposed of in black trash bags All trash to be removed daily to prevent spillage & odors.

J. Berber RN

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood - Merrillville Surveyor Name Tammy Berber, RN
 Provider Number _____ Surveyor Number 35731 Discipline PHNS
 Observation Dates: From 3-19-2018 To 3-21-2018

(6)

TAG/CONCERNS	DOCUMENTATION
3-20-18	IC/QA meeting minutes
1160	3/1/18 IC trends no issues/no rec by committee POC training completed 0 OSHA exposures TB testing completed for 2017
	11/9/17 IC trends no issues/no rec by committee Qtrly IC training POC training done Sept 0 OSHA Exposure
	8/17/17 IC trends no issues/no rec by committee Inf Prev training mand OSHA training, sterilization & disinfection 0 OSHA exposures OSHA - 1 needle stick on (Health Clinic side)
	Clean for bloody → DON PPE → saturate area c disinfecting agent p wiped up spill → let stand 5 minutes, wipe dry
	Complications → Problems Heavy bleeding → consider methergine 0.2mg orally Q 4-6 H X 24-72 hrs Have FU If continues → file in office

J Berber RN

SURVEYOR NOTES WORKSHEETFacility Name Planned Parenthood - Merrillville

Surveyor Name

Tammy Berber, RN

Provider Number

Surveyor Number

35731

Discipline PHNS

Observation Dates:

From 3-19-2018

To

3-21-2018

(7)

TAG/CONCERNS	DOCUMENTATION
3-20-18	MR review selection
1130	Sx m
1202	Review of personnel files
	Reviewed dress code policy
1:35 pm	Review of pt MRC
345	Left facility
850	Arrive Facility
	Toured med room
	Completed narc count - no concerns
	Completed inspection of Emerg KIT - no concerns
	reviewed logs - no concerns
	no meds/supplies - expired

(29)
(30)

J Berber RN

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood - Merrillville

Surveyor Name

Tammy Berber, RN

Provider Number

Surveyor Number

35731

Discipline PHNS

Observation Dates:

From

3-19-2018

To

3-21-2018

8

TAG/CONCERNS	DOCUMENTATION
3-21-18	Interviewed Nurse from Bloomington - Post SX - we (I) take a complete set of vitals observe post procedure bleeding and when the pt feels ready we release them to go home c a driver (someone to assist) usually about 20-30 minutes.
930	I also assess pain - administer ibuprofen p MD orders.
7/21/18	Pt #9 Procedure Fu c phone on Emergency call 11/1 am bleeding 2 pads an hour 1 consulted - rec pt to be given methergine 0.2mg (PO TID x 2 Dys, BID x 2 Dys, QID x 2 Dys) RX called into RX Pt advised to FU on - pt couldn't get RX script (walk closed) on - I call another script called in - pt indicated still spotting normal, advised pt to be seen by NP @ facility - pt spoke to RU who spoke to MD who ref pt to ER -> Meth NL -> Set up Abort for D&C to be performed -> was done on Pt was suppose to follow up luk post pt never came in 11/6/17 req records -> still have not received
8wk on U/LT	Patient #30 Med Abort (Incomplete) Letter was sent on -> pt came in for FU Pt was 1wks -> med failed -> rescheduled for for SX abortion now -> pt came in -> SX abort performed -> pt did not FU post SX

Berber RN

Facility Name	Planned Parenthood - Merrillville	Surveyor Name	Tammy Berber, RN
Provider Number	Surveyor Number	35731	Discipline
Observation Dates:	From 3-19-2018	To 3-21-2018	PHNS

9.

TAG/CONCERNS	DOCUMENTATION
3-21-18 1205	Exit c Grace, Explained/overview what she looked @ & talked about Thanked for everything Completed Q & A
1245	Left Facility

Zachary

Planned Parenthood of Indiana and Kentucky, Merrillville Facility #16011161:
 Response to ISDH Abortion Licensing Review conducted January 31, 2017
 Survey results received February 17, 2017
 Revised 3/5/2017 post conversation with J. Hembrée on 3/2/2017

Tag #	Problem Identified	Corrective Action	Responsibility	Date of Correction	Notes
26	Governing body failed to review Q&A program for 2 of 3 facility-provided services and 3 of 9 contracted services (laundry, pharmacy, and contracted occupational health)	Report of Management Operations format to be updated to include laundry, pharmacy, and contracted occupational health services for clarity of board review; quality measures to be developed on these items	Risk and Quality Manager	3/31/2017	Completed laundry pharmacy (no contractual Q&A notes)
90	Facility failed to have policies in place for impaired health care workers, criminal history, and disciplinary action	Human Resources to create policies to address impaired health care workers, criminal history, and disciplinary action	Director of Human Resources	3/31/2017	Completed Handbook
95	QA Program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to all services, including those furnished by a contractor, currently lacking pharmacy and contracted occupational health	Quality measures to be developed to address pharmacy and contracted health services; these are to be included in the Report of Management Operations and reviewed by the Board of Directors and Quality Management and Infection Prevention Committee on quarterly basis; all measures to be summarized in written plan for clarity	Risk and Quality Manager	3/31/2017	Risk and Quality Manual drafted Don't forget to update the handbook OK
110	Medical record policy must provide safeguards to assure medical records are protected from fire, water, and other sources of damage	Medical policy updated to include that medical records must be protected from fire, water, and other sources of damage	Risk and Quality Manager	3/2/2017	Completed
112	Medical director failed to examine the credentials of a candidate for reappointment to the medical staff, annual physician review performed by physician other than medical director	Medical bylaws will be developed to include medical director review of candidate credentials, provider reviews, and appointment and reappointment of providers Medical Director to review and sign annual review of physician, will review credentials and competency at that time	Vice President of Patient Services, Medical Director, and Risk and Quality Manager	3/31/2017	Bylaws written, approved by legal, to be accepted at February Board meeting OK

324	Facility failed to have policy in place for reporting adverse reactions and medication errors to the physician responsible for the patient	Medical bylaws will be developed to include policy for reporting adverse reactions and medication errors to the physician responsible for the patient. Policy will be developed to ensure staff are aware that physician(s) involved should be notified in situations where patient has adverse reaction	Vice President of Patient Services, Medical Director, and Risk and Quality Manager	3/31/2017	Bylaws written, approved by legal, to be accepted at February Board meeting
418	Electrical current leakage checks not performed on equipment	Current PRN preventive maintenance vendor (K&R) contract updated to include electrical current leakage checks on all applicable equipment to be completed annual with medical equipment inspections	Facilities Coordinator	Next annual K&R inspection scheduled March 2017, electrical current leakage checks to be performed at that time	Pending

✓ OK
 3/6/18
 PWS
 K&R
 K&R

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY
8590 GEORGETOWN ROAD
INDIANAPOLIS, INDIANA

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY	STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	INITIAL COMMENTS This visit was for a state licensure survey. Facility Number: 011118 Survey Date: 03-27-2018 to 03-28-2018 QA: 4/02/2018	T 000		
T 004	410 IAC 28-2-7 LICENSE REQUIREMENTS 410 IAC 26-2-7 A license issued under this article must be conspicuously posted on the premises in an area open to patients. This RULE is not met as evidenced by: Based on observation, the facility failed to conspicuously post a current license for 1 facility. Findings Include: 1. On 03-27-2018 at 2:50 pm. in the presence of employee #A2, Vice President of Patient Services, and employee #A5, Health Center Manager, it was observed in the waiting room area there was not a current license posted. The license posted was observed to have an expiration date of 06-30-2017.	T 004		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46285		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 134	Continued From page 1	T 134		
T 134	410 IAC 26-7-2 MEDICAL RECORDS 410 IAC 26-7-2(c) (c) Patient records for surgical abortions must document and contain, at a minimum, the following: (1) Patient identification. (2) Appropriate medical history. (3) Results of the following: (A) A physical examination. (B) Diagnostic or laboratory studies, or both (if performed). (4) Any allergies and abnormal drug reactions. (5) Entries related to anesthesia administration. (6) Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. (7) A report describing techniques, findings, and tissue removed or altered. (8) Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient. (9) Condition on discharge, disposition of the patient, and time of discharge. (10) Discharge entry to include instructions to the patient or patient's legal representative. (11) A copy of the following: (A) The transfer form if the patient was referred to a hospital or other facility. (B) The terminated pregnancy report filed with the department. (12) Any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.	T 134		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 134	Continued From page 2 This RULE is not met as evidenced by: Based on document review and interview, one (1) of thirty (30) medical records reviewed lacked documentation of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. 1. PPINK Administrative Chapter 4: Consent, Informed Consent and Patient Education, last revised 6/2016, indicated: The informed consent process must take place. It is the professional and legal duty of every affiliate to provide each patient with adequate information regarding the nature of the proposed services. 2. Medical record #30 lacked documentation of a signed abortion informed consent certification, State Form 55320. 3. Staff member #04 indicated in interview on 3/28/2018 at 1000 hours, that the medical record #30 lacked documentation of the required form. He/she also indicated that since the forms are scanned into the EMR, that it may not have gotten scanned in.	T 134		
T 144	410 IAC 26-8-1 PERSONNEL POLICIES AND RECORDS 410 IAC 26-8-1(c)(1) (c) The clinic must do the following: (1) Maintain current job descriptions with reporting responsibilities for all personnel and annual performance evaluations, based on the job	T 144		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 8690 GEORGETOWN RD INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG T 144	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 description, for each employee and contract and agency personnel. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow its policy to conduct an annual evaluation on 1 of 4 employees files reviewed. Findings include: 1. Review of the Employee Handbook, approved February 2015, indicated employees may receive an annual performance evaluation. 2. Review of 4 employee personnel files indicated file P4, Nurse Practitioner, did not have any documentation of a current annual evaluation. 3. In interview on 03-28-2018 at 10:30 am, employee #A2, Vice President Patient Services, confirmed all the above, including the facility policy was as indicated in the Employee Handbook, and no other documentation was provided prior to exit.	ID PREFIX TAG T 144	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 168	410 IAC 26-8-3 PERSONNEL POLICIES AND RECORDS 410 IAC 26-8-3(b)	T 168		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 8690 GEORGETOWN RD INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 168	<p>Continued From page 4</p> <p>(b) The clinic shall ensure cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and clinic policy for all health care workers including contract and agency personnel who provide direct patient care.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the clinic failed to ensure that one (1) staff members of ten (10) staff member's personnel files reviewed and 1 of 6 medical staff credential files reviewed, had documented cardiopulmonary resuscitation (CPR) competency per facility policy.</p> <p>Findings include;</p> <p>1. Review of a facility document titled PPINK 0417, CPR Certification Policy, approved 4/21/2017, indicated the Following; Purpose: All staff participating in patient care must be Basic Life Support (BLS) Cardiopulmonary Resuscitation certified by the American Heart Association.</p> <p>Policy: All staff who are not CPR certified at hire are required to obtain certification prior to beginning patient care.</p> <p>2. Nursing Personnel #N3's file, healthcare assistant, who was hired 9/5/2017, and does patient care, lacked documentation of CPR training.</p>	T 168		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46288		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 168	Continued From page 5 3. Review of medical staff credential files indicated file MD#6 Medical Director, a direct patient care provider, did not have any documentation of current CPR competency, per facility policy. 4. In interview on 3/28/2018 at 1050 hours, employee #A7, Human Resources Generalist, confirmed all the above and no other documentation was provided prior to exit. 5. In interview on 3/28/2018 at 1200 hours, staff member #O5, Human Resources, indicated agreement with the finding that staff #N3's personnel file lacked documentation of CPR training.	T 168		
T 206	410 IAC 28-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(a)(1) (a) The clinic must do the following: (1) Provide a safe and healthful environment that minimizes infection exposure and risk to the following: (A) Patients. (B) Health care workers. (C) Persons who accompany patients. This RULE is not met as evidenced by: Based on observation, document review and interview, the facility failed to provide a safe and healthful environment that minimizes infection exposure and risk in 1 instance. Findings include:	T 206		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 8690 GEORGETOWN RD INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 206	Continued From page 8 1. On 03-27-2018 at 3:25 pm in the presence of employee #A2, Vice President of Patient Services, employee #A5, Health Center Manager, and employee #A6, Health Care Assistant, it was observed in an ultrasound room there were test strips being used to determine the effectiveness of Cidex, a chemical agent being used to disinfect probes for ultrasound procedures. 2. Review of the manufacturer's recommendation on the Insert package of instructions for Quality Control Procedures of the test strip bottle indicated testing of positive and negative controls must be performed on each newly opened bottle of CIDEX OPA Solution. 3. On the above date and time, employee #A6 was requested to provide documentation of following the above-stated Quality Control Procedures. The employee indicated there was no such documentation because the Quality Control Procedures were not performed, and no other documentation was provided prior to exit.	T 206		
T 320	410 IAC 26-16-1 PHARMACEUTICAL SERVICES 410 IAC 26-16-1(2) The clinic must provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice. The clinic must have the following: (2) Records of stock supplies of all scheduled substances, including an accounting for all items purchased and dispensed.	T 320		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 8580 GEORGETOWN RD INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 320	<p>Continued From page 7</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow its policy for accounting of scheduled substances in 67 of 90 instances, and failed to document the Medical Director Review of the log used for the accounting in 9 of 9 instances.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of facility policy titled Health Center Logs, REFERENCE CODE: PS04, approved 11-29-2017 indicated staff must follow the instructions on each log. 2. Review of 9 facility documents titled CONTROL SUBSTANCE LOG, dated 1/31/18 through 3/4/18, indicated the following: Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and dating below. 3. Further review of the 9 facility documents titled CONTROL SUBSTANCE LOG indicated: 90 daily entries - 23 were initialed by 2 licensed staff members and 67 were initialed by only 1 licensed staff member 9 log pages were not signed indicating the Provider had reviewed. 	T 320		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 320	Continued From page 8 4. In Interview on 03-27-2018 at 2:35 pm, employee #A2, Vice President of Patient Services, confirmed all the above and no other documentation was provided by exit.	T 320		
T 404	410 IAC 26-17-3 PHYS. PLANT, MAINT., EQUIP., ENVIR., SAFETY 410 IAC 26-17-3(2) The condition of the physical plant and the overall clinic environment must be developed and maintained in such a manner that the safety and well-being of patients is assured as follows: (2) No condition may be created or maintained that may result in a hazard to: (A) patients; (B) authorized visitors; or (C) employees. This RULE is not met as evidenced by: Based on observation, the facility created 1 condition that may have resulted in a hazard to patients, authorized visitors, or employees. Findings include: 1. On 03-27-2018 at 3:15 pm in the presence of employee #A2, Vice President of Patient Services, and employee #A5, Health Center Manager, it was observed in the hallway next to a crash cart, there was 1 small oxygen tank unsecured by chain or holder. If the tank was knocked over and broke the head off the compressed cylinder, it could result in harm to	T 404		

PRINTED: 05/24/2018
FORM APPROVED

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018	
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 404	Continued From page 9 people and/or property.	T 404		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PLANNED PARENTHOOD OF INDIANA AND KE

8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KE		STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
T 134	Continued From page 1	T 134			
T 134	410 IAC 26-7-2 MEDICAL RECORDS 410 IAC 26-7-2(c) (c) Patient records for surgical abortions must document and contain, at a minimum, the following: (1) Patient identification. (2) Appropriate medical history. (3) Results of the following: (A) A physical examination. (B) Diagnostic or laboratory studies, or both (if performed). (4) Any allergies and abnormal drug reactions. (5) Entries related to anesthesia administration. (6) Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. (7) A report describing techniques, findings, and tissue removed or altered. (8) Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient. (9) Condition on discharge, disposition of the patient, and time of discharge. (10) Discharge entry to include instructions to the patient or patient's legal representative. (11) A copy of the following: (A) The transfer form if the patient was referred to a hospital or other facility. (B) The terminated pregnancy report filed with the department. (12) Any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.	T 134			

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KE			STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 134	Continued From page 2 This RULE is not met as evidenced by: Based on document review and interview, one (1) of thirty (30) medical records reviewed lacked documentation of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. 1. PPINK Administrative Chapter 4: Consent, Informed Consent and Patient Education, last revised 6/2016, indicated: The informed consent process must take place. It is the professional and legal duty of every affiliate to provide each patient with adequate information regarding the nature of the proposed services. 2. Medical record #30 lacked documentation of a signed abortion informed consent certification, State Form 55320. 3. Staff member #04 indicated in interview on 3/28/2018 at 1000 hours, that the medical record #30 lacked documentation of the required form. He/she also indicated that since the forms are scanned into the EMR, that it may not have gotten scanned in.	T 134			
T 144	410 IAC 26-8-1 PERSONNEL POLICIES AND RECORDS 410 IAC 26-8-1(c)(1) (c) The clinic must do the following: (1) Maintain current job descriptions with reporting responsibilities for all personnel and annual performance evaluations, based on the job	T 144			

If continuation sheet 4 of 10

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KE	STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 168	<p>Continued From page 4</p> <p>(b) The clinic shall ensure cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and clinic policy for all health care workers including contract and agency personnel who provide direct patient care.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the clinic failed to ensure that one (1) staff members of ten (10) staff member's personnel files reviewed and 1 of 6 medical staff credential files reviewed, had documented cardiopulmonary resuscitation (CPR) competency per facility policy.</p> <p>Findings Include:</p> <p>1. Review of a facility document titled PPINK 0417, CPR Certification Policy, approved 4/21/2017, indicated the Following: Purpose: All staff participating in patient care must be Basic Life Support (BLS) Cardiopulmonary Resuscitation certified by the American Heart Association.</p> <p>Policy: All staff who are not CPR certified at hire are required to obtain certification prior to beginning patient care.</p> <p>2. Nursing Personnel #N3's file, healthcare assistant, who was hired 9/5/2017, and does patient care, lacked documentation of CPR training.</p>	T 168		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KE	STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268
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T 168	Continued From page 5 3. Review of medical staff credential files indicated file MD#6 Medical Director, a direct patient care provider, did not have any documentation of current CPR competency, per facility policy. 4. In interview on 3/28/2018 at 1050 hours, employee #A7, Human Resources Generalist, confirmed all the above and no other documentation was provided prior to exit. 5. In interview on 3/28/2018 at 1200 hours, staff member #O5, Human Resources, indicated agreement with the finding that staff #N3's personnel file lacked documentation of CPR training.	T 168		
T 205	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(a)(1) (a) The clinic must do the following: (1) Provide a safe and healthful environment that minimizes infection exposure and risk to the following: (A) Patients. (B) Health care workers. (C) Persons who accompany patients. This RULE is not met as evidenced by: Based on observation, document review and interview, the facility failed to provide a safe and healthful environment that minimizes infection exposure and risk in 1 instance. Findings include:	T 205		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KE		STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268			
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T 206	Continued From page 6 1. On 03-27-2018 at 3:25 pm in the presence of employee #A2, Vice President of Patient Services, employee #A5, Health Center Manager, and employee #A6, Health Care Assistant, it was observed in an ultrasound room there were test strips being used to determine the effectiveness of Cidex, a chemical agent being used to disinfect probes for ultrasound procedures. 2. Review of the manufacturer's recommendation on the insert package of instructions for Quality Control Procedures of the test strip bottle indicated testing of positive and negative controls must be performed on each newly opened bottle of CIDEX OPA Solution. 3. On the above date and time, employee #A6 was requested to provide documentation of following the above-stated Quality Control Procedures. The employee indicated there was no such documentation because the Quality Control Procedures were not performed, and no other documentation was provided prior to exit.	T 206			
T 320	410 IAC 26-16-1 PHARMACEUTICAL SERVICES 410 IAC 26-16-1(2) The clinic must provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice. The clinic must have the following: (2) Records of stock supplies of all scheduled substances, including an accounting for all items purchased and dispensed.	T 320			

Indiana State Department of Health

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KE		STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T320	<p>Continued From page 7</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow its policy for accounting of scheduled substances in 67 of 90 instances, and failed to document the Medical Director Review of the log used for the accounting in 9 of 9 instances.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of facility policy titled Health Center Logs, REFERENCE CODE: PS04, approved 11-29-2017 indicated staff must follow the instructions on each log. 2. Review of 9 facility documents titled CONTROL SUBSTANCE LOG, dated 1/31/18 through 3/4/18, indicated the following: Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and dating below. 3. Further review of the 9 facility documents titled CONTROL SUBSTANCE LOG indicated: 90 daily entries - 23 were initialed by 2 licensed staff members and 67 were initialed by only 1 licensed staff member 9 log pages were not signed indicating the Provider had reviewed. 	T320		

Indiana State Department of Health

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KE	STREET ADDRESS, CITY, STATE, ZIP CODE 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268
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T 320	Continued From page 8	T 320		
T 404	<p>4. In-Interview on 03-27-2018 at 2:35 pm, employee #A2, Vice President of Patient Services, confirmed all the above and no other documentation was provided by exit.</p> <p>410 IAC 26-17-3 PHYS. PLANT, MAINT., EQUIP., ENVIR., SAFETY</p> <p>410 IAC 26-17-3(2)</p> <p>The condition of the physical plant and the overall clinic environment must be developed and maintained in such a manner that the safety and well-being of patients is assured as follows:</p> <p>(2) No condition may be created or maintained that may result in a hazard to:</p> <p>(A) patients;</p> <p>(B) authorized visitors; or</p> <p>(C) employees.</p> <p>This RULE is not met as evidenced by: Based on observation, the facility created 1 condition that may have resulted in a hazard to patients, authorized visitors, or employees.</p> <p>Findings include:</p> <p>1. On 03-27-2018 at 3:15 pm in the presence of employee #A2, Vice President of Patient Services, and employee #A5, Health Center Manager, it was observed in the hallway next to a crash cart, there was 1 small oxygen tank unsecured by chain or holder. If the tank was knocked over and broke the head off the compressed cylinder, it could result in harm to</p>	T 404		

Indiana State Department of Health

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T 404	Continued From page 9 people and/or property.	T 404			

Facility Name

Planned Parenthood - Indpls

Surveyor

Jean L. Collier

Date

3-27-2018

ABORTION CLINIC

DOCUMENT REQUEST - ADMINISTRATION (pg. 1 of 4)

All documents and records need only be since last licensure survey. If any documents are in a binder or folder, please tag the appropriate ones using the numbers next to each requested item.

Governing Body

- ✓ 0018 - Minutes of governing body (if applicable)
- ✓ 0020 - Documentation of Clinic Administrator appointed (if needed), by governing body
- ✓ 0026 - Review, at least every 6 months, reports of management operations by gov body
- ✓ 0028 - Ownership—copy of articles of incorporation
- ✓ 0030 - Approval of appointments to or contracts with medical staff
- ✓ 0034 - Triennial review of policies and procedures (P&P)
- ✓ 0036 - P&P for communication with physicians concerning patient emergency
- ✓ 0038 - Process for:
 - ✓ a. reporting licensed health professionals relative to not meeting licensure requirements
 - ✓ b. documenting actions against licensed health professionals who fail to comply with clinic P&P
 - ✓ c. reporting information required by statute to report to state or law enforcement agency
- ✓ 0040 - Constitution and bylaws of governing body (if applicable) - *approved 11-29-2017*
- ✓ 0042 - Designation of medical director and documentation of liaison
- ✓ 0044 - Clinic administrator
 - ✓ a. designation of day-to-day responsibilities and authority (job description)
 - ✓ b. criteria as to educational and experience requirements
 - ✓ c. In writing, written responsibility and authority
- ✓ 0046 - Attendance of clinic administrator at board meetings and representative medical staff meetings, if applicable
- ✓ 0048 - Designation of who's in charge in administrator's absence and participate in development and implementation of policies
- ✓ 0050 - Documentation physicians contracted or appointed to provide medical services
- ✓ 0054 - If more than 1 physician, documentation of:
 - ✓ a. medical director coordinator of medical staff
 - ✓ b. current medical staff roster
- ✓ 0056 - Documentation contract or appointment to medical staff acted upon advice and recommendation of medical director
- ✓ 0058 - Examine credentials for physician appointment, reappointment, contract to medical staff
- ✓ 0060 - Selection based on character, competence, education, training, experience, judgment
- ✓ 0062 - Documentation as per ABORTION CLINIC DOCUMENT REQUEST - CREDENTIAL FILE REVIEW

Credential File Review

- ✓ 0066 - Documentation med staff accountable to gov body for quality of care provided
- ✓ 0068 - Documentation procedures performed only by physician approved by governing body to perform such procedures
- ✓ 0070 - Documentation governing body ensures procedures limited to those authorized
- ✓ 0072 - Documentation a licensed medical staff physician responsible for care and treatment of clinic patients

Ref # 3-27 930

✓-Reviewed 3-27
✗-Reviewed 3-28

Facility Name Planned Parenthood - Indpls

Surveyor Jack Coleman

Date 3-27-2018

**ABORTION CLINIC
DOCUMENT REQUEST - ADMINISTRATION (pg. 2 of 4)**

All documents and records need only be since last licensure survey. If any documents are in a binder or folder, please tag the appropriate ones using the numbers next to each requested item.

- ✓ 0074 - Documentation contractors for medical services furnish them in such a manner to permit clinic to comply with all applicable statutes and rules
- ✓ 0076 - Quality assurance program includes all services provided by contractors
- ✓ 0078 - List of contracts with scope and nature of services - *not all listed - see list*

Administration

- ✓ 0080 - Qualified person to be administrator
- ✓ 0084 - Implementation of internal and external disaster emergency preparedness plans and documentation of outcomes
- ✓ 0086 - Documentation of:
 - ✓ a. medical staff policies *all 11 2/27-2017*
 - ✓ b. procedures for emergencies, initial treatment, transfer
- ✓ 0088 - P&P for immediate lifesaving measures, including timely assessment, basic life support, appropriate transfer
- ✓ 0090 - Policies that cover health care worker practice problems, including impairment, criminal history, disciplinary action
- ✓ 0092 - Policy to address internal review of unusual occurrence and disasters, including patient injuries or marked deterioration of patient condition occurring under unanticipated or unexpected circumstances, unexplained loss of or theft of a controlled substance, and deaths occurring within the clinic

Quality Assessment (QA) and Improvement

- ✓ 0094, 0096, 0098, 0100, 0102, 0103, 0104, 00105 - See ABORTION CLINIC - DOCUMENT REQUEST QA/PI MONITORS

Medical Records

- ✓ 0108 - P&P to:
 - ✓ a. assure documentation of care and services provided
 - ✓ b. system to assure records readily available and systematically organized to facilitate compilation and retrieval of information
- ✓ 0110 - Policies for safeguarding records from fire, water, other sources of damage
- ✓ 0112 - Maintenance of records for appropriate time frame
- ✓ 0116 - If unit record system not used, policy describing system to retrieve all divergently located record components
- ✓ 0120 - Medical records retained in original or legally reproduced form
- ✓ 0122 - P&P for use of plain paper fax
- ✓ 0124 - Documentation of system of coding and indexing to retrieve records
- ✓ 0126 - P&P for:
 - ✓ a. release of information
 - ✓ b. ensuring unauthorized individuals cannot gain access to medical records
- ✓ 0128 - register of all patients treated to include, identification data, treatment rendered, attending physician, condition on discharge, transfer to hospital
- ✓ 0132 - P&P of who is authorized to make entries into medical record

leg doc (A) 3-27-2018

✓ reviewed 3-27
* reviewed 3-28

Facility Name

Planned Parenthood - Indpls

Surveyor

Jack Cohen

Date

3-27-2018

ABORTION CLINIC

DOCUMENT REQUEST - ADMINISTRATION (pg. 3 of 4)

All documents and records need only be since last licensure survey. If any documents are in a binder or folder, please tag the appropriate ones using the numbers next to each requested item.

Medical Staff

- ✓ 0172 - Medical director examines credentials for medical staff members for appointment
- ✓ 0174 - Medical director makes recommendations to governing board for appointment
- ✓ 0176 - Medical director must develop & maintain P&P for medical sta *Services*

Laboratory

- ✓ 0310 - CLIA certificate or waiver
- ✓ 0316 - P&P for quality control and quality assurance for complexity of tests performed at facility

Pharmacy

- ✓ 0318 - Designated professional person with prescriptive authority or pharmacist responsible for control of drug stocks
- ✓ 0320 - P&P, record of stock supplies of all scheduled substances, incl. an accounting *office*
- ✓ 0322 - P&P, implemented to handle, store, label, dispense, admin drugs
- ✓ 0324 - P&P for reporting of adverse reactions and medication errors to physician responsible for patient and appropriate committee
- ✓ 0326 - P&P for drugs:
 - ✓ a. accurately and clearly labeled, stored in specially designated, well-illuminated cabinets, closets or storerooms
 - ✓ b. in cabinets accessible only to authorized personnel
 - ✓ c. in cabinets for controlled Schedule II drugs and other drugs subject to abuse permanently affixed compartments that are separately locked
 - ✓ d. if in carts with controlled substances, securely affixed *N/A*
- ✓ 0328 - P&P for instructions to patient on use of take home meds being the responsibility of prescribing physician
- ✓ 0330 - Documentation of formulary
- ✓ 0332 - List of available emergency drugs

Maintenance of Physical Plant

- ✓ 0406, 0408, 0410, 0414, 0416, 0418 - See ABORTION CLINIC DOCUMENT REQUEST - PHYSICAL PLANT WORKSHEET EQUIPMENT
- ✓ 0420 - Documentation of defibrillator discharge log in accordance with manufacturer's recommendation, with initialed entries

Reg doc (A) 3-27 930

V-Reviewed 3-27
*Reviewed 3-28

Facility Name Planned Parenthood - Indpls

Surveyor Jack Cohen

Date 3-27-2018

**ABORTION CLINIC
DOCUMENT REQUEST - ADMINISTRATION (pg. 4 of 4)**

Environment

- ✓ 0430 - Documentation of safety management program including periodic equipment inspections, insect, rodent or other vermin control, instructions for operating & maintaining the building or building portion & equipment, chemical substance use & storage, surgical waste & similar material disposal, general housekeeping precautions
- ✓ 0432 - Documentation of ongoing clinic-wide process to evaluate & collect information about hazards and safety practices
- ✓ 0434 - Documentation of safety program including patient, health care worker and public and visitor safety
- * 0436 - Written fire control plan with provisions for prompt reporting of fires, extinguishing of fires, protection of patients, personnel & guests, evacuation, cooperation of firefighting authorities, fire drill documentation
- * 0438 - Documentation of regular inspection and approval by state or local fire control agencies "none"
- * 0440 - Documentation of emergency & disaster preparedness coordinated with appropriate community, state and federal agencies

Ref doc (A1) 3-27 930

✓ reviewed 3-27

* reviewed 3-28

438 - "none" - Confirmed inter (A2)
3-28 1152 - no other doc by ext

Jack P. Cohen ~~noted~~
all -
of Health
review
3/22/78
RN

Date: 3/27-28/18

NA - not applicable	
NP - Nurse Practitioner	

Replied (71) 3-27 9³⁰
Reviewed 3-28

Facility Name Planned Parenthood Indianapolis

Surveyor Jack J. Cohen Date 3-28-2018

**ABORTION CLINIC
DOCUMENT REQUEST - CREDENTIAL FILE REVIEW**

MD#	MD Name	Appr/ Reappt 0058	IN MD LI0052 0062	IN CSR 0062	DEA Regist 0062	Edu/Trai n Exper 0060	Abort Clin Priv 0068	CPR 0168	Perf Rev 0170	
1	MD	7-8-15	/	/	/	/	/	/	/	
2	MD	7-12-17	/	/	/	/	/	/	N/A	
3	MD	7-4-13	/	/	/	/	/	/	/	
4	MD	7-14-17	/	/	/	/	/	/	N/A	
5	MD	7-15-17	/	/	/	/	/	/	N/A	
6	Med. Dir.	7-1-18	/	/	/	/	/	NONE	/	
AH#	Allied Health Name/Title	Appr/ Reappt 0058	IN LI- cense 0062	IN CSR 0062	DEA Registr 0062	Edu/Trai n Exper 0060	Abort Clin Priv 0068	CPR 0168	Perf Rev 0170	
1	NA	7-16-18	/	/	NA	/	/	/	NA	
2	NA	7-25-16	/	/	NA	/	/	/	/	

Requested: Date 3-28-18 Time 0930
Reviewed: Date 3-28-18 Time 930

Of Whom

(A6)

Reg doc (A1) 3-27 930
Reviewed 3-28
"none" - Confirm interview (A7) 3-28 1050

Facility Name Planned Parenthood - Indpls
 Surveyor Jack Cohen Date 3-27-2018

**ABORTION CLINIC DOCUMENT REQUEST
QA/PI MONITORS**

	Monitor		Standard		QA Reports		on Contract List	
	Y	N	Y	N	Y	N	Y	N
Biohazardous Waste <u>Contract</u>	✓		✓		✓		✓	
Biomedical PM <u>Contract</u>	✓		✓		✓		✓	
Housekeeping <u>Contract</u>	✓		✓		✓		✓	
Lab <u>Contract</u>	✓		✓		✓		✓	
Laundry/Linen	✓		✓		✓		NA	
Medical Records <u>Contract</u>	✓		✓		✓		NA	
Maintenance <u>Contract</u>	✓		✓		✓		✓	
Nursing	✓		✓		✓		NA	
Pharmacy	✓		✓		✓		NA	
Security <u>Contract</u>	✓		✓		✓		✓	
Discharges	✓		✓		✓		NA	
Transfers	✓		✓		✓		NA	
Infection Control	✓		✓		✓		NA	
Response to Patient Emergencies	✓		✓		✓		NA	
Medical & Medication Errors	✓		✓		✓		NA	
Reportable Events	✓		✓		✓		NA	
Empl. Occ. Health	✓		✓		✓		more - see Contract list, provider list	

Dates Governing Board Reviewed Every 6 Months 2017
5-31 8-26

Requested: Date 3-27 Time 930 Of Whom (A1)

Reviewed Date 3-27 Time 1200 noon

Facility Name Planned Parenthood - Indpls

Surveyor Jack Cohen

Date 3-27-2018

ABORTION CLINIC
ADMINISTRATIVE TOUR

Page 1 of 1

- ☒ Posting of license - *expired 6-30-2017 2nd waiting room*
- ☒ Pantry/nourishment area
- ☒ Janitor closet
- ☒ Housekeeping
- ☒ Preventative Maintenance
- ☒ Storage Areas
- ☒ Flammable agents
- ☒ Tank storage and secured *3rd 18m O₂ tank unsecured in hallway, next to crash cart*
- ☒ Overall maintenance
- ☒ Adequate battery powered lighting and equipment
- ☒ Medical record storage
- ☒ Laundry Services
- ☒ Safety
- ☒ Lab area, as applicable
- ☒ Chemical use and storage *3rd Cidex test strip controls - not being done per intew. (16), no doc. provided by ext*
- ☒ Refuse/infections waste

Date:
3-27

Time:
2⁵⁰

With Whom
A2, A5

Facility Name Planned Parenthood-Indpls

Surveyor Jack Cohen **ABORTION**

Date 3-27-2018

ABORTION CLINIC SIGN IN SHEET

NAME (Print)

TITLE (Print)

Dir. of Clinical Services

VP of Patient Services

RISK & Quality Manager

Dir. of Clinical Operations

Health Center Manager

Health Care Asst

HR Generalist

CPR Certification Policy

April 21, 2017

Purpose

All staff providing direct patient care must be Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) certified by the American Heart Association.

Policy

Staff must initially be BLS or Advanced Cardiac Life Support (ACLS) (if applicable) certified by the American Heart Association (AHA). All staff who are not certified at hire are required to obtain certification prior to beginning patient care. Staff must obtain AHA BLS or ACLS (if applicable) recertification prior to his/her CPR expiration date.

Center managers are responsible for the coordination of CPR training for his/her new employee during the new employee's scheduled work hours before the new employee may provide patient care. Certification outside of scheduled work hours requires pre-approval by the Regional Director and is determined on a case-by-case basis. Certification must be completed in the geographic region of the health center or the employee's home to prevent additional travel costs. PPINK will not reimburse for mileage or drive time to CPR training unless pre-approved by the Regional Director.

AHA BLS and ACLS courses may be found online; the AHA keeps a current list of instructors and courses at <https://go0.gl/6dpRC1>. The center manager may coordinate the payment of the employee's certification using PPINK's company card in advance, or the employee may pay for the certification and be reimbursed. The employee must submit this cost on an expense report and include a receipt. If applicable, center staff are required to attend PPINK-scheduled group CPR training unless otherwise approved by the Regional Director.

Once completed, the employee must submit verification of CPR certification in the form of a copy of the CPR card's front and back to his/her Center Manager. The Center Manager is responsible for sending a copy of the employee's card to the Human Resources Department and his/her Regional Director for tracking and filing. Failure to complete this certification within 30 days of hire (if not already certified) may result in suspension without pay or termination. Failure to obtain CPR recertification prior to the employee's CPR expiration date will result in immediate suspension without pay and may result in termination. The Regional Director must track the employee's certification expiration date on the Personnel File Tracking Spreadsheet.

Existing staff who begin applicable skills or are transferred to sites requiring CPR certification must follow the same process and must obtain certification prior to transfer or confirmation of additional skill/training (e.g. injection, venipuncture).

Workers' Compensation Medical Providers List

Prepared for:

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

EMPLOYEE NOTICE

ALL ACCIDENTS MUST BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY!

FOR WORK RELATED INJURIES, MEDICAL SERVICES MAY BE OBTAINED FROM ONE OF THE MEDICAL FACILITIES LISTED BELOW:

If you require emergency medical treatment, go to the nearest hospital emergency room or urgent care facility.

Medical Providers

Concentra Medical Center
*Occupational/Industrial
Medicine*
Urgent Care Center/Walk-In
5604 W 74th Street
Indianapolis, IN 46278
317-290-1551

US HealthWorks Medical Group of
Indiana PC
Occupational/Industrial Medicine
4850 Century Plaza Rd Ste 100
Indianapolis, IN 46254
317-297-1175

Medcheck Carmel
*Occupational/Industrial
Medicine*
Urgent Care Center/Walk-In
11911 N Meridian St Suite
150
Carmel, IN 46032
317-621-6700

Marshall, Kenneth D., MD
Nova Medical Center
Nova Medical Centers
*Occupational/Industrial
Medicine*
500 N Capitol Ave
Indianapolis, IN 46204
317-983-5400

Pharmacies

AIG Claims, Inc. preferred Pharmacy PPO is TMESYS (Tim-a-sis). Please ask your Pharmacist to submit your prescription online.

Chris Pharmacy
Kroger Pharmacy

CVS Pharmacy
Meijer Pharmacy

Fagen Pharmacy
Rite Aid Pharmacy

Food City Pharmacy
Shop N Save Pharmacy

K-Mart Pharmacy
Walgreen Drug Store

If you come across any inaccuracies in the provider listing, please report them to us by contacting :



Not on contract list - confirm interview. (A2) 3-27 11³⁰ no other doc by exit

Planned Parenthood of Indiana & Kentucky Quarterly Vendor Review Log

PPINK Health Center: Georgetown

Year: Health Center Staff must print, initial and sign name when completing the vendor review log quarterly.

Vendor	Quality Standards	Q1	Q2	Q3	Q4	Comments
SWL-Specifi Waste Industries Medical Waste Disposal	Pick up as scheduled Replaces biohazard boxes on time Responds to a problem in a timely matter Vendor Ability to Meet Requirements Building secure when vendor leaves the premises					
Orkin Pest Control	Keeps Appointments Responds to problems in a timely manner Health Center is "bug free" Health Center is "rodent free"	Q1	Q2	Q3	Q4	Comments
Central After hours call service	Quality Standards Calls are answered and routed to nurses correctly Calls are answered and routed to nurses consistently Responds to issues in 24 hours Emails for each call are sent to RQM & Director of Clinical Operations	Q1	Q2	Q3	Q4	Comments
DKT-Cleaning Housekeeping	Quality Standards Health center is cleaned every Wednesday and Sunday Surfaces cleaned in accordance with PPINK protocol Surfaces cleaned using PPINK approved products Vendor responds to issues within a timely manner Non-emergency repairs corrected within 7 days Inspection tags on all devices with next inspection due date Annual PM documented per PPINK protocol	Q1	Q2	Q3	Q4	Comments
CSC-Central Security Security Services	Quality Standards Alarm system tested quarterly All appropriate staff have password/passcode cards Staff no longer employed by PPINK alarm codes deleted Responds to issues in 24 hours	Q1	Q2	Q3	Q4	Comments
CDD & LabCorp Laboratory Services	Quality Standards Lab results are sent to NextGen in a timely manner Specimens pickup occurs as needed Lab responds to questions or issues in 48 hours Supplies are issued as requested	Q1	Q2	Q3	Q4	Comments
Deaton's Mechanical HVAC-Maintenance	Quality Standards Inspects HVAC on an annual basis Changes filters on a quarterly basis Vendor responds to issues in 24 hours	Q1	Q2	Q3	Q4	Comments
Indiana Oxygen Oxygen Services	Quality Standards Supplies are issued as requested Vendor responds to issues in 24 hours	Q1	Q2	Q3	Q4	Comments
General Electric Sonogram Maintenance-GF	Quality Standards Annual inspection completed and documented Vendor responds to issues in 24 hours	Q1	Q2	Q3	Q4	Comments
K&R Medical Equipment Repair Preventive and Repair	Quality Standards Routine annual visits are made to health center	Q1	Q2	Q3	Q4	Comments

Indianapolis M.D. (Off Duty) Security Services	On site within 24 hours for issues impacting clinic operations						
	Non-emergency repairs corrected within 7 days						
	Inspection tags on all devices with next inspection due date						
	Quality Standards: Security guards arrive to work on time Security guards are dressed appropriately Security guards perform required perimeter security checks Security guards respond to security issues immediately Annual PM documented per PPINK protocol	Q1	Q2	Q3	Q	Comments	
Legrele Generator	Quality Standards: Annual inspection completed and documented Vendor responds to issues in 24 hours	Q1	Q2	Q3	Q	Comments	
	Quality Standards: Annual inspection completed and documented Back flow preventers tested semi-annually Vendor responds to issues in 24 hours	Q1	Q2	Q3	Q	Comments	
	Printed Name/Signature	Initials					
Kaiser Fire alarm & sprinkler system							
Health Center Staff documentation							
Q1							
Q2							
Q3							
Q4							

container in which it is being held.

H. Quality Control Procedures

1. **Preparation of Control Solutions**
To prepare positive and negative control solutions for testing, first verify that the labeled expiration date for the solution is appropriate. This solution may be used as a positive control. To prepare a negative control, dilute one part of full strength solution with one part of water. Label each control solution appropriately.
2. **Testing Procedure**
Following the Directions for Use, submerge three test strips in each of the above freshly prepared solutions for one second each. Remove. The three strips dipped in the full strength positive control solution should exhibit a complete purple color on the indicating pad at 90 seconds. The three strips dipped in the diluted negative control should either remain completely blue or exhibit an incomplete color change to purple when read at 90 seconds. Refer to the color chart on the test strip bottle for interpretation of results.
3. **Testing Frequency**
It is recommended that the testing of positive and negative controls be performed on each newly opened test strip bottle of CIDEX OPA Solution Test Strips. After this initial testing, it is recommended that testing of freshly prepared positive and negative controls be performed on a regular basis as established by your own quality control procedures and program. This testing program will serve to minimize errors between different users, use of outdated materials or product that has been improperly stored or handled.
4. **Unsatisfactory QC Test Performance**
If the results obtained from using the positive and negative controls indicate the test strip is not functioning properly, discard the remaining strips. Do Not Use Strips. For technical product information, contact Advanced Sterilization Products at 1-888-783-7723.

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY CONTROL SUBSTANCE LOG

Health Center

Georgetown

Year

2018

Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and dating below.

Date	Time	Drug Name	Patient MRN	Number of Doses Used	Add to Stock (# doses added)	Stock Counted (date and number of doses)	Staff Initials/ Witness Initials	Wasted amount of Medication
1/31/18	1:40			2	-	91		
1/31/18	1:55			2	-	89		
1/31/18	3:10			2	-	87		
1/31/18	4pm			-	-	87		
2/2/18	8:30			-	-	87		
2/2/18	11:10			2	-	85		
2/2/18	11:50			1	-	84		
2/2/18	11:56			2	-	82		
2/2/18	12:50			2	-	80		
2/2/18	12:06			2	-	79		

Health Center Manager Signature: _____

Medical Director Review: _____

Date: 2/1/18

Date: 1/1/18

Per inventory 3/27

205

NOTE: High level columns have 2 licensed staff initials

Staff initials

PEINX revised 0118

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY CONTROL SUBSTANCE LOG

Health Center Georgetown Year 2018

Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and dating below.

Date	Time	Drug Name	Patient MRN	Number of Doses Used	Add to Stock (# doses added)	Stock Counted (date and number of doses)	Staff Initials/ Witness Initials	Wasted amount of Medication
2/21/18	12:25	Diacepon 5mg tablet		2	-	716		
2/21/18	1:50			2	-	714		
2/21/18	4:45			-	-	714		
2/6/18	0800			-	-	714		
2/6/18	11:45			2	-	72		
2/6/18	4:30			-	-	72		
2/7/18	08:36			-	-	72		
2/7/18	11:50			2	-	70		
2/7/18	12:00			2	-	68		
2/7/18	1:40			2	-	66		

Health Center Manager Signature: _____ Date: 3/1/18
Medical Director Review: _____ Date: 1/1/18

PLANNED PARENTAL ID OF INDIANA AND KENTUCKY CONTROL SUBSTANCE LOG

Health Center

GT

Year

2018

Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and dating below.

Date	Time	Drug Name	Patient MRN	Number of Doses Used	Add to Stock (# doses added)	Stock Counted (date and number of doses)	Staff Initials/ Witness Initials	Wasted amount of Medication
2/7/18	1:45	Discontinuation		2	—	654		
2/7/18	2:30			2	—	62		
2/7/18	4:35			1	—	62		
2/8/18	08:00			—	—	62		
2/9/18	08:00			—	—	62		
2/9/18	08:45			1	—	61		
2/9/18	11:30			2	—	59		
2/9/18	12:00			2	—	57		
2/9/18	2:45			2	—	55		
2/9/18	4:00			1	—	55		

Health Center Manager Signature:

Medical Director Review:

Date: 3/1/18

Date: 1/1/18

PLANNED PARENT CD OF INDIANA AND KENTUCKY CONTROL SUBSTANCE LOG

Health Center

Georgetown

Year 2018

Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and dating below.

Date	Time	Drug Name	Patient MRN	Number of Doses Used	Add to Stock (# doses added)	Stock Counted (date and number of doses)	Staff Initials/ Witness Initials	Wasted amount of Medication
2/10/18	0800	Discontin Syntab		1	-	55		
2/10/18	0945			2	-	53		
2/10/18	10:20			2	-	51		
2/10/18	10:45			2	-	49		
2/10/18	12:10			2	-	47		
2/10/18	12:20			2	-	45		
2/10/18	3:00			2	-	45		
2/12/18	0800			1	-	45		
2/13/18	0800			1	-	45		
2/13/18	1000			2	-	43		

Health Center Manager Signature: _____

Medical Director Review: _____

Date: 3/1/18

Date: 1/1/18

PLANNED PARENT () JD OF INDIANA AND KENTUCKY CONTROL SUBSTANCE LOG

Health Center

Georgetown

Year

2018

Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and date below.

Date	Time	Drug Name Dose mg take	Patient MRN	Number of Doses Used	Add to Stock (# doses added)	Stock Counted (date and number of doses)	Staff Initials/ Witness Initials	Wasted amount of Medication
2/13/18	11:00			2	-	41		
2/13/18	12:35			1	-	40		
2/13/18	12:20			2	-	38		
2/13/18	1:20			2	-	36		
2/13/18	1:40			2	-	34		
2/13/18	4:00			1	-	34		
2/14/18	08:00			1	-	34		
2/14/18	11:00			2	-	32		
2/14/18	12:00			2	-	30		
2/14/18	12:15			2	-	28		

Health Center Manager Signature:

Medical Director Review:

Date: 3/1/18

Date: 1/1/18

PLANNED PARENT OF INDIANA AND KENTUCKY CONTROL SUBSTANCE LOG

Health Center GT Year 2018

Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and dating below.

Date	Time	Drug Name	Patient IARN	Number of Doses Used	Add to Stock (# doses added)	Stock Counted (date and number of doses)	Staff Initials/ Witness Initials	Wasted amount of Medication
2/14/18	12:20	Diagnon 5mg tabs		2	—	26		
2/14/18	2:30			—	—	26		
2/14/18	08:00			—	—	26		
2/14/18	10:30			2	—	24		
2/14/18	11:15			2	—	22		
2/16/18	11:30			2	—	20		
2/16/18	11:40			2	—	18		
2/16/18	12:00			2	—	16		
2/16/18	12:45			1	—	15		
2/16/18	1:00			2	—	13		

Health Center Manager Signature: _____

Medical Director Review: _____

Date: 3/1/18

Date: / /

PLANNED PARENT OF INDIANA AND KENTUCKY CONTROL SUBSTANCE LOG

Health Center

Scout Run

Year

2018

Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and dating below.

Date	Time	Drug Name	Patient MRN	Number of Doses Used	Add to Stock (# doses added)	Stock Counted (date and number of doses)	Staff Initials/ Witness Initials	Wasted amount of Medication
2/16/18	2pm	Diazepam 5mg tabs		2	-	11		
2/16/18	2:15			2	-	9		
2/16/18	4:30p			1	-	9		
2/19/18	0800			1	-	9		
2/16/18	10am			2	-	7		
2/16/18	10:30			2	-	5		
2/16/18	11:00			2	-	3		
2/19/18	12:00			2	-	1		
2/19/18	3pm			1	-	1		
2/20/18	2am			1	-	1		

Health Center Manager Signature:

Medical Director Review:

Date: 3/1/18

Date: / /

PLANNED PARENT 2 OF INDIANA AND KENTUCKY CONTROL SUBSTANCE LOG

Health Center

Georgetown

Year

2018

Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and dating below.

Date	Time	Drug Name- Diazepam 5mg/1 tab	Patient MRN	Number of Doses Used	Add to Stock (# doses added)	Stock Counted (date and number of doses)	Staff Initials/ Witness Initials	Wasted amount of Medication
2/21/18	0800			1	—	1		
2/21/18	2:10			—	200	201		
2/21/18	5:00pm			1	—	201		
2/28/18	8:30			1	—	201		
2/28/18	11:00			2	—	199		
2/28/18	11:35			2	—	195		
2/29/18	11:50			2	—	193		
2/28/18	12:15			2	—	191		
2/28/18	1:00			2	—	189		

Health Center Manager Signature: _____

Medical Director Review: _____

Date: 3/1/18

Date: 1/1/18

PLANNED PARENT 2 OF INDIANA AND KENTUCKY CONTROL SUBSTANCE LOG

Health Center _____

Year _____

Instructions: Must be completed every procedure day by 2 staff members (2 licensed staff members, 1 licensed staff member and the health center manager or assistant manager) for all control substances. An unlicensed staff member may only complete the count if a licensed staff member, Health Center Manager, or Assistant Manager is not on site. Provider and Health Center Manager should review log monthly and document review by signing and dating below.

Date	Time	Drug Name	Patient MRN	Number of Doses Used	Add to Stock (# doses added)	Stock Counted (date and number of doses)	Staff Initials/ Witness Initials	Wasted amount of Medication
2/22/18	1:25	Diagnon		2	-	187		
2/22/18	1:30	Smc 1.4b		2	-	185		
2/22/18	2:00			2	-	183		
2/23/18	2:05			2	-	181		
2/23/18	5:45			-	-	181		
2/23/18	5:30			-	-	181		
3/2/18	08:00			-	-	181		
3/2/18	10:00			2	-	179		
3/2/18	1:25			2	-	177		
3/2/18	1:30			2	-	175		

Health Center Manager Signature: _____

Medical Director Review: _____

Date: 3/23/18

Date: ____/____/____

CPR Certification Policy

April 21, 2017

Purpose

All staff providing direct patient care must be Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) certified by the American Heart Association.

Policy

Staff must initially be BLS or Advanced Cardiac Life Support (ACLS) (if applicable) certified by the American Heart Association (AHA). All staff who are not certified at hire are required to obtain certification prior to beginning patient care. Staff must obtain AHA BLS or ACLS (if applicable) recertification prior to his/her CPR expiration date.

Center managers are responsible for the coordination of CPR training for his/her new employee during the new employee's scheduled work hours before the new employee may provide patient care. Certification outside of scheduled work hours requires pre-approval by the Regional Director and is determined on a case-by-case basis. Certification must be completed in the geographic region of the health center or the employee's home to prevent additional travel costs. PPINK will not reimburse for mileage or drive time to CPR training unless pre-approved by the Regional Director.

AHA BLS and ACLS courses may be found online; the AHA keeps a current list of instructors and courses at <https://goo.gl/6d0RC1>. The center manager may coordinate the payment of the employee's certification using PPINK's company card in advance, or the employee may pay for the certification and be reimbursed. The employee must submit this cost on an expense report and include a receipt. If applicable, center staff are required to attend PPINK-scheduled group CPR training unless otherwise approved by the Regional Director.

Once completed, the employee must submit verification of CPR certification in the form of a copy of the CPR card's front and back to his/her Center Manager. The Center Manager is responsible for sending a copy of the employee's card to the Human Resources Department and his/her Regional Director for tracking and filing. Failure to complete this certification within 30 days of hire (if not already certified) may result in suspension without pay or termination. Failure to obtain CPR recertification prior to the employee's CPR expiration date will result in immediate suspension without pay and may result in termination. The Regional Director must track the employee's certification expiration date on the Personnel File Tracking Spreadsheet.

Existing staff who begin applicable skills or are transferred to sites requiring CPR certification must follow the same process and must obtain certification prior to transfer or confirmation of additional skill/training (e.g. injection, venipuncture).

SURVEYOR NOTES WORKSHEET

Facility Name: Planned Parenthood - Indpls

Surveyor Name: Jack I. Cohen

Provider Number: 011118

Surveyor Number: 17294

Discipline: Med Sur

Observation Dates: From 03-27-2018 To 3-28-2018

TAG/CONCERNS		DOCUMENTATION	
3-27	8-8 ¹⁵	Off site - pre-survey	
	9-9 ³⁰	Opening Conference	
	9 ³⁰ -12 ³⁰	Document review	
	1 ³⁰ -2 ³⁰	Document review	
	2 ³⁰ -3 ³⁰	Facility tour	
	3 ³⁰ -8 ⁴⁵	Document review	
3-28	9-12 ¹⁵	Document review	
	12 ¹⁵ -12 ³⁰	Exit conference	

SURVEYOR NOTES WORKSHEET

Facility Name: Planned Parenthood

Surveyor Name: Mary Ellen

Provider Number: 01118

Surveyor Number: 33212

Discipline: nsq

Observation Dates: From 3/27/18 to 3/28/18

Day 1

TAG/CONCERNS

DOCUMENTATION

0815
(0900)

Entry
Enter & Jack - requested tickets on doc's
Questions - what lab testing done? clinic
pharmacy? - no contract anesthesia? only
crash cart? defib only own bldg. here: + outside
(EMR) on paper agency crs's? no
pers. files security? YES
fetal tissue stored? biobank paying - & phone
observe pre-appt for compliance
1 MD + 1 NP contract for MRs
security - contracted.

3
1
4
2

- Dual flowered shirt
- blue shirt
- black out fit
- VP of pt services

MR - also (EMR) looked at #18
1030 - 1st Day

will tour.

Title X = ^{man} Fed. (no fed #)

1600 out

SURVEYOR NOTES WORKSHEET

Facility Name: Planned Parenthood Surveyor Name: Mary Otter
Provider Number: _____ Surveyor Number: 37212 Discipline: RN
Observation Dates: From _____ To 3/27/18

Day 2

TAG/CONCERNS	DOCUMENTATION
0830	0800
0830	Enter - To do - finish MRS - pers. files
	Jack will arrive - 0900
	Chuck came too
	0830 - 1030 -
	finish MRS - 1030.
<u>1045</u>	Start - pers. files - msg.
	finish 1130. Still need the
	2 RNS

Undress - so far -
✓ pers - 1 CPR training *
✓ MRS - missing one *
State form -
✓ Meds - 7 bags *
in cart *

1215 - Jack & Chuck exit
will after looking at RN
pers. files

Jack

- ① Contract empl's -
- ② scheduled meds - need 2 sigs
- ③ Cidex test strips - test for msg
as well as pos.

1330 - Exit

planned Parenthood 3/27-28/18

M. Otten

MA

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT 1 ID#	PT 2 ID#	PT 3 ID#	PT 4 ID#	PT 5 ID#	PT 6 ID#	PT 7 ID#	PT 8 ID#	PT 9 ID#	PT 10 ID#
	Surf	Med	Med	Surf	Surf	Surf	Med	Surf	Med	Surf
Patient Identification to include:										
Name	Name									
Age	Age									
Address	Address									
Procedures for surgical abortion must include preprocedure testing that includes:							Med			
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	U.S.	U.S.								
Verification and documentation of gestational age										
Hematocrit or hemoglobin										
Rh typing										
Completion of the abortion documented by ultrasonography or other clinical means		Med							Med	
Provision of follow-up examination and services	Surf				NA	NA			NA	NA
Precanesthesia evaluation within forty-eight (48) hours before a surgical abortion		NA	NA				Surf			Surf
History and physical examination report to include:										
Vital signs										
Allergies										
Any significant risk factors										
The date written	2/1/18									
Appropriate medical history										
Results of a physical examination	pelvic									
Results of any diagnostic studies		NA	NA					NA	NA	
Results of any laboratory studies										
Any allergies and abnormal drug reactions										
Entries related to anesthesia administration mid-valium		NA	NA				NA		NA	
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. State form 55320 (6-13) and 55321 (6-13)										
A report describing techniques, findings, and tissue removed or altered	POC	NA					NA		NA	
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient										
Condition on discharge, disposition of the patient, and time of discharge										
Discharge entry to include instructions to the patient or patient's legal representative										
Copy of the transfer form, if the patient was referred to a hospital or other facility	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Copy of the terminated pregnancy report	TPR									
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement	301	NA	NA	NA	NA	NA	NA	NA	NA	NA
Discharge information to include:										
Signs and symptoms of possible complications	NA	NA								
Activities allowed and to be avoided										
Hygienic and other postdischarge procedures to be followed										
Clinic emergency phone numbers available on a twenty-four (24) hours basis										
Follow-up appointment, if indicated	NA			NA	NA	NA		NA		NA
Counseling regarding Rh typing										
Administration of Rh immune globulin, if indicated - unless patient signs a waiver or other arrangements for administration are documented	NA POS	NA POS	NA POS	NA POS	NA POS	NA POS	NA POS	NA POS	NA POS	NA POS
Conscious sedation										
Frequent monitoring for verbal responses		NA	NA				NA		NA	
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used		NA	NA				NA		NA	
Postanesthetic evaluation for proper anesthesia recovery before discharge		NA	NA				NA		NA	
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)										
Form 56113 - Certification of Provision of Perinatal Hospice Information										
Form 56114 - Disposition of Aborted Fetus										
Form 56115 - Available Counseling after an Abortion										

mother

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT11 ID #	PT12 ID #	PT13 ID #	PT14 ID #	PT15 ID #	PT16 ID #	PT17 ID #	PT18 ID #	PT19 ID #	PT20 ID #
	med	sur	med	sur	sur	sur	med	sur	sur	sur
Patient identification to include:										
Name										
Age										
Address										
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematocrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Completion of the abortion documented by ultrasonography or other clinical means	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provision of follow-up examination and services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
History and physical examination report to include:										
Vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any significant risk factors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The date written	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of a physical examination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any allergies and abnormal drug reactions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Entries related to anesthesia administration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A report describing techniques, findings, and tissue removed or altered.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Condition on discharge, disposition of the patient, and time of discharge.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge entry to include instructions to the patient or patient's legal representative.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the transfer form, if the patient was referred to a hospital or other facility.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the terminated pregnancy report.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activities allowed and to be avoided	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up appointment, if indicated	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Counseling regarding Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Administration of Rh immune globulin, if indicated - unless patient signs a waiver or other arrangements for administration are documented-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Conscious sedation										
Frequent monitoring for verbal responses	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Postanesthetic evaluation for proper anesthesia recovery before discharge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56113 - Certification of Provision of Perinatal Hospice Information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56114 - Disposition of Aborted Fetus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56115 - Available Counseling after an Abortion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

M. Otter

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT21 ID#	PT22 ID#	PT23 ID#	PT24 ID#	PT25 ID#	PT26 ID#	PT27 ID#	PT28 ID#	PT29 ID#	PT30 ID#
	Surg	Surg	Med	Surg	Med	Surg	Med	Surg	Surg	Med
Patient identification to include:										
Name										
Age										
Address										
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	Surg	✓	✓	✓	✓	✓	✓
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematocrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rh typing	✓	neg	neg	✓	neg	neg	pos	✓	✓	✓
Completion of the abortion documented by nitrosonography or other clinical means	✓	✓	✓	✓	✓	Surg	✓	NA	NA	Med
Provision of follow-up examination and services	Surg	Surg	Med	NA	NA	NA	✓	NA	NA	NA
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion	NA	✓	NA	✓	✓	✓	NA	✓	✓	NA
History and physical examination report to include:										
Vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any significant risk factors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The date written	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of a physical examination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any diagnostic studies	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any allergies and abnormal drug reactions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Batrics related to anesthesia administration	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1, State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A report describing techniques, findings, and tissue removed or altered	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Condition on discharge, disposition of the patient, and time of discharge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge entry to include instructions to the patient or patient's legal representative	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the transfer form, if the patient was referred to a hospital or other facility	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Copy of the terminated pregnancy report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activities allowed and to be avoided	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up appointment, if indicated	NA	yes	yes	NA	yes	NA	yes	no	no	✓
Counseling regarding Rh typing	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Administration of Rh immune globulin, if indicated—unless patient signs a waiver or other arrangements for administration are documented	NA	NA	NA	NA	yes	yes	NA	NA	NA	NA
Conscious sedation										
Frequent monitoring for verbal responses	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓
Postanesthetic evaluation for proper anesthesia recovery before discharge	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)										
Form 56113 - Certification of Provision of Perinatal Hospice Information										
Form 56114 - Disposition of Aborted Fetus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56115 - Available Counseling after an Abortion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Indiana State Department of Health

Patient/Record Identifier Table

Name of abortion clinic: *Planned Parenthood*

Date of survey: *3/27-28/18*

Type of survey: *State Licensing*

Patient's name or medical record number	Number assigned by surveyor to patient's name or medical record number
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19 ✓
	20 ✓
	21 ✓
	22 ✓
	23 ✓
	24 ✓
	25 ✓
	26 ✓
	27 ✓
	28 ✓
	29 ✓
	30 ✓

ABORTION CLINIC NURSING TOUR

EAJ #5

Tour

FACILITY Planned Parenthood SURVEYOR Mary Otter

MED DIR Int. MANAGER

FOUR: DATE 3/27/18 TIME 1445

STAFFING: R.N. 2 LPN Tech 4 Ratio: 20 patients 3/27 day of tour

- ☒ Traffic pattern
- ☒ Dressing areas/staff/patients
- ☒ Adequate supplies/storage
- ☒ Clean utility

- ☒ Soiled utility
- ☒ Linen Storage
- ☒ Handwashing sinks/toilets
- ☒ preventive maintenance

NUMBER OF PROCEDURE ROOMS 2

PROCEDURE/ANESTHESIA/RECOVERY AREAS:

- ☒ Scrub area
- ☒ Dress code adherence pol
- ☒ Emergency call system
- ☒ Oxygen/humidifier bottles -
- ☒ Resuscitation equipment
- ☒ Defibrillators (if IV Sedation is used)
- ☒ MA Cardiac Monitors (if IV Sedation is used)
- ☒ Pulse Oximeters (if IV Sedation is used)

- ☒ Suction Equipment (if IV Sedation is used)
- ☒ Other supplies/equipment specified by medical staff (if IV Sedation is used) 5%
- ☒ IV equipment
- ☒ Anesthesia agents used
- ☒ Sharps disposal
- ☒ Medication and narcotic storage/drug areas/stock supplies

OTHER:

- ☒ Clean/dirty instrument/sterilization areas
- ☒ Sterilizers
- ☒ Chemical/biological indicators -
- ☒ Waste disposal: All types

COMMENTS/INTERVIEWS: US probe - Cidex. 1 g 14D. Test
> g use. not doing (-junk)
laundry - blankets only - tide cold water -

phone - interpreter service + on site LVA
all MRs are scan in

Supply room - floor - next to rm 2 - under 1515
keeping unwrapped paper towels - not in box - 15207 junk

CLINIC Shannon Methodist Indiana State Department of Health STAFFING DATES 3/11-17/18
 Survey Dates: _____ to _____

**ONE WEEK STAFFING PATTERN WORKSHEET
FOR EACH CLINIC AREA**

List FTE for all direct care nursing staff actually on duty for the dates shown.

Shift	Sunday 3/11			Monday 3/12			Tuesday 3/13			Wednesday 3/14			Thursday 3/15			Friday 3/16			Saturday 3/17		
	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O
Day				2		5	1		5	3		6	2		4	3		5			
Evening																					
Census				23			No provider			24			27			33					

NURSING COMPLIMENT DATA

I
NURSING STAFF ASSIGNED TO DIRECT PATIENT CARE
(FTES)

II
NURSING STAFF ASSIGNED TO INDIRECT PATIENT CARE
(FTES)

SHIFT	RN	LPN	OTHER (SPECIFY)			
DAY	2					
EVENING						
TOTAL	2					

SHIFT	RN	NURSING ADMIN.	NSG. EDUC.	NSG. SUP.	OTHER	UC
DAY						
EVENING						
TOTAL						

III
VACANCIES AND LEAVE OF ABSENCES
(FTES)

IV
TOTAL COMPLEMENT
(FTES)

SHIFT	VACANCIES (FTES)			LOA'S (FTES)		
	RN	LPN	OTHER	RN	LPN	OTHER
DAY	1					
EVENING						
TOTAL	1					

SHIFT	RN	LPN	OTHER			
DAY	3					
EVENING						
TOTAL	3					

1) Above is to be calculated in full-time equivalents (FTEs). Part IV totals is
 Obtained by adding parts I, II and III.

Clinic Director _____ Date 3/27/18 Nurse Surveyor _____ Date _____

Signature of Staff Physician _____ Date 3-27-18

all -
incl non
RN

not req'd

[illegible]

planned parenthood *copy*
3/27-28/18 *my copy*

Abortion Clinic
Nursing Document Request

Patient list/register for *4/1/12 - 3/20/18*
List of all Nursing Personnel including agency for *present*
Complaint Log for *9/1/17 - present*
Incident Reports for *9/1/17 - present*

Personnel policies including;

- ☒ Policy for control of communicable diseases includes specific to TB
- ☒ Orientation and training of new employees, contract and agency personnel
- ☒ CPR policy
- ☐ Annual in-service requirements
- ☒ Annual competency for nursing and other personnel performing lab tests

Patient care/nursing policies and procedures including;

- ☐ Composition of and meeting minutes for the patient care personnel committee
- ☒ Reliable method of ID
- ☒ Instruction for follow up care and transportation—to include counseling, RH type and administration of Rhogam
- ☒ Reporting of post procedure complications and follow up
- ☒ Cleaning and sterilization of reusable equipment

Infection control program and policies including;

- ☒ Composition and meeting minutes of infection control committee *quarterly mtgs*
- ☒ Provision for active and effective Infection Control Program *last 1 nov 9, 17*

Sterilization policies and procedures including;

- ☒ Instructions for loading, operating, cleaning and maintaining sterilizers
- ☐ Instructions for cleaning packaging, storing, labeling and dispensing of sterile supplies
- ☐ Records of sterilization cycle and results of biological indicators in testing sterilization
- ☐ Cleaning of environmental surfaces contaminated by blood or infectious material

Anesthesia policies including;

- ☒ Safety rules to be followed
- ☐ Safety training required of personnel *CPR also*
- ☐ Preanesthesia, intraoperative and post anesthesia policies and requirements

Pharmacy services policies including;

- ☒ Records of stock supplies and accounting of all items
- ☒ Policies for drug handling, storing, labeling dispensing and administration
- ☒ Reporting of adverse reaction and medical errors
- ☒ Storage and security
- ☒ Formulary
- ☒ List of available emergency drugs

**PLANNED PARENTHOOD OF INDIANA AND KENTUCKY
SURGICAL CENTER EMERGENCY DRUG BOX**

Health Center	Year
---------------	------

Instructions: This log is to be completed by licensed personnel monthly by adding a checkmark to each box in the column for that specific month as complete and by signing and dating the review below. Health Center Manager to review log monthly. Health Center Manager should be notified if the Emergency Drug Box needs to be replenished of supplies as they expire or as they are used.

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Oxygen tank w/gauge (>¾ full)			✓									
Nasal cannula w/tubing (2)			✓									
Non-rebreather face mask (2)			✓									
One-way valve mask (1)			✓									
Adult bag valve mask w/ reservoir (1)			✓									
Airway set (1)			✓									
Tape one roll			✓									
Scissors			✓									
Exam gloves (latex free) (10 pairs)			✓									
Alcohol pads (10)			✓									
3 ml syringes w/ 21 gauge needle (5)			✓									
TB syringes w/needle (5)												
4X4 sterile gauze (4)			✓									
Ammonia capsules (6) Also in surgical rooms.			✓									
IV set and tubing (5)			✓									
Filter Needles (4)			✓									

**PLANNED PARENTHOOD OF INDIANA AND KENTUCKY
SURGICAL CENTER EMERGENCY DRUG BOX**

Health Center	Year
---------------	------

Instructions: This log is to be completed by licensed personnel monthly by adding a checkmark to each box in the column for that specific month as complete and by signing and dating the review below. Health Center Manager to review log monthly. Health Center Manager should be notified if the Emergency Drug Box needs to be replenished of supplies as they expire or as they are used.

Tourniquet			✓																	
Angiocaths (18, 20, 22 gauge) (5 of each)			✓																	
Suture Kit (1)			✓																	
IV fluid bags- 1 L (NS or LR) (2 of each) Expires: Lot #:			NS LR 4 NS																	
Diphenhydramine 25mg caps/tabs (6) Expires: Lot #:			✓																	
Diphenhydramine HCL 50 mg/ml (4) Expires: Lot #:			✓																	
Epinephrine 1:1000 (1mg/ml) (4) Expires: Lot #:			✓																	
Epi-pen 0.3mg -(2) Expires: Lot #:			✓																	
Atropine sulfate 0.4 mg (2) Expires: Lot #:			✓																	
Misoprostol 200 mcg (1 btl) Expires: Lot #:			✓																	
Methylergonovine 0.2 mg/ml (10) Expires: Lot #:			✓																	
Oxytocin 10 units/ml (6) Expires: Lot #:			✓																	
Albuterol Inhaler (MDI) (2) Expires: Lot #:			✓																	

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY
SURGICAL CENTER EMERGENCY DRUG BOX

Health Center	Year
---------------	------

Instructions: This log is to be completed by licensed personnel monthly by adding a checkmark to each box in the column for that specific month as complete and by signing and dating the review below. Health Center Manager to review log monthly. Health Center Manager should be notified if the Emergency Drug Box needs to be replenished of supplies as they expire or as they are used.

[illegible]

*If an expiration date exists document it on this form

[illegible]

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY
SURGICAL CENTER EMERGENCY DRUG BOX

Health Center	Year
---------------	------

Instructions: This log is to be completed by licensed personnel monthly by adding a checkmark to each box in the column for that specific month as complete and by signing and dating the review below. Health Center Manager to review log monthly. Health Center Manager should be notified if the Emergency Drug Box needs to be replenished of supplies as they expire or as they are used.

CPR Certification Policy

April 21, 2017

Purpose

All staff providing direct patient care must be Basic Life Support (BLS) Cardiorespiratory Resuscitation (CPR) certified by the American Heart Association.

Policy

Staff must initially be BLS or Advanced Cardiac Life Support (ACLS) (if applicable) certified by the American Heart Association (AHA). All staff who are not certified at hire are required to obtain certification prior to beginning patient care. Staff must obtain AHA BLS or ACLS (if applicable) recertification prior to his/her CPR expiration date.

Center managers are responsible for the coordination of CPR training for his/her new employee during the new employee's scheduled work hours before the new employee may provide patient care. Certification outside of scheduled work hours requires pre-approval by the Regional Director and is determined on a case-by-case basis. Certification must be completed in the geographic region of the health center or the employee's home to prevent additional travel costs. PPINK will not reimburse for mileage or drive time to CPR training unless pre-approved by the Regional Director.

AHA BLS and ACLS courses may be found online; the AHA keeps a current list of instructors and courses at <https://goo.gl/6dpRC1>. The center manager may coordinate the payment of the employee's certification using PPINK's company card in advance, or the employee may pay for the certification and be reimbursed. The employee must submit this cost on an expense report and include a receipt. If applicable, center staff are required to attend PPINK-scheduled group CPR training unless otherwise approved by the Regional Director.

Once completed, the employee must submit verification of CPR certification in the form of a copy of the CPR card's front and back to his/her Center Manager. The Center Manager is responsible for sending a copy of the employee's card to the Human Resources Department and his/her Regional Director for tracking and filing. Failure to complete this certification within 30 days of hire (if not already certified) may result in suspension without pay or termination. Failure to obtain CPR recertification prior to the employee's CPR expiration date will result in immediate suspension without pay and may result in termination. The Regional Director must track the employee's certification expiration date on the Personnel File Tracking Spreadsheet.

Existing staff who begin applicable skills or are transferred to sites requiring CPR certification must follow the same process and must obtain certification prior to transfer or confirmation of additional skill/training (e.g. injection, venipuncture).



200 South Meridian Street, Suite 400, Indianapolis, IN 46225
Mailing Address: P.O. Box 397, Indianapolis, IN 46206-0397
p: 317.637.4343 • f: 317.637.4344
www.ppink.org

Planned Parenthood of Indiana and Kentucky

May 16, 2018

To Whom It May Concern:

Please see the enclosed Plan of Correction as a response to the Statement of Deficiencies report received March 28, 2018 for Planned Parenthood of Indiana and Kentucky's Georgetown Facility (#160111181).

Our contact for questions on these documents is

Kind Regards,

Planned Parenthood of Indiana and Kentucky, Georgetown Facility #16011181
 Response to ISDH Abortion Licensing Review conducted March 29, 2018
 Survey results received May 15, 2018

Tag #	Problem Identified	Corrective Action	Responsibility	Date of Correction
4	Current license not posted in waiting room	New license posted during survey <i>mon for?</i>	Health Center Manager	3/29/2018
✓ 134	One of thirty audited medical records was missing one State Form (form 55320)	Staff re-educated on consent requirements during staff meeting; ISDH consents added to quarterly abortion medical record audits	Health Center Manager, Risk and Quality Manager	6/1/2018
144	Nurse Practitioner did not have completed annual review	Annual reviews completed for all staff in May 2018, will be completed annually thereafter <i>mon for?</i>	Human Resources <i>who?</i>	6/1/2018
168	Two staff members did not have CPR certification proof in their personnel files	Staff have completed CPR certification and a copy has been placed in the personnel file <i>mon for?</i>	Human Resources <i>who?</i>	6/1/2018
206	Test strips not being used in Cidex solution	DISPUTED <i>Doc</i>		
320	Controlled substance log missing two signatures on some lines	Updated pharmaceuticals policy implemented 5-15-18 to improve clarity around documentation of pharmaceutical inventory, including controlled substances <i>Mon for?</i>	Director of Clinical Services	5/15/2018
404	Unsecured oxygen tank in hallway	Oxygen tank was secured in chain during survey. <i>Education + Mon for?</i>	Health Center Manager	3/29/2018

date opened in the space provided on the label.

container in which it is being held.

1. Quality Control Procedures

1. Preparation of Control Solutions

To prepare positive and negative control solutions for testing, first verify that the labeled expiration date for the solution is appropriate. This solution may be used as a positive control. To prepare a negative control, dilute one part of full strength solution with one part of water. Label each control solution appropriately.

2. Testing Procedure

Following the Directions for Use, submerge three test strips in each of the above freshly prepared solutions for one second each. Remove. The three strips dipped in the full strength positive control solution should exhibit a complete purple color on the indicating pad at 90 seconds. The three strips dipped in the diluted negative control should either remain completely blue or exhibit an incomplete color change to purple when read at 90 seconds. Refer to the color chart on the test strip bottle for interpretation of results.

3. Testing Frequency

It is recommended that the testing of positive and negative controls be performed on each newly opened test strip bottle of CIDEX OPA Solution Test Strips. After this initial testing, it is recommended that testing of freshly prepared positive and negative controls be performed on a regular basis as established by your own quality control procedures and program. This testing program will serve to minimize errors between different users, use of outdated materials or product that has been improperly stored or handled.

4. Unsatisfactory QC Test Performance

If the results obtained from using the positive and negative controls indicate the test strip is not functioning properly, discard the remaining strips. Do Not Use Strips. For technical product information, contact Advanced Sterilization Products at 1-888-783-7723.

Planned Parenthood of Indiana and Kentucky, Georgetown Facility #160111181

IDR for ISDH Abortion Licensing Review conducted March 29, 2018

Survey results received March 15, 2018

Tag	Severity/Scope	Response
206	It was observed in an ultrasound room there were test strips being used to test the effectiveness of Cidex, the manufacturer's recommendation in the package insert indicates controls must be performed; facility not performing controls	Package insert (attached) reads: "Testing Frequency - It is <u>recommended</u> that the testing of positive and negative controls be performed on each newly opened bottle of Cidex OPA Colution Test Strips." Recommended means this is a suggestion, not a requirement.

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY

964 MEZZANINE DRIVE

LAFAYETTE, INDIANA

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013765	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/07/2018
---	---	--	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY	STREET ADDRESS, CITY, STATE, ZIP CODE 964 MEZZANINE DR LAFAYETTE, IN 47905
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	INITIAL COMMENTS This visit was for a State licensure survey. Facility Number: 013765 Dates of Survey: 3/5/2018 to 3/7/2018 QA: 3/15/2018	T 000		
T 144	410 IAC 26-8-1 PERSONNEL POLICIES AND RECORDS 410 IAC 26-8-1(c)(1) (c) The clinic must do the following: (1) Maintain current job descriptions with reporting responsibilities for all personnel and annual performance evaluations, based on the job description, for each employee and contract and agency personnel. This RULE is not met as evidenced by: Based on document review and interview the facility failed to provide an annual evaluation of 2 out of 3 eligible employees. 1. Review of the 2015 Planned Parenthood Employee Handbook indicated on page 10 under Performance Evaluations that employees may receive an annual performance evaluation by their immediate supervisor and may be asked to complete a self-evaluation. Evaluations are kept	T 144		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013765	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/07/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KENTUCKY		STREET ADDRESS, CITY, STATE, ZIP CODE 984 MEZZANINE DR LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 144	Continued From page 1 In the employee's personnel file. 2. Review of P50, Health Care Manager's job description indicates under Essential Functions: Prepares disciplinary and performance improvement documents independently and provides indicated management follow-up. 3. Review of P50 and P52, Health Care Assistant personnel files lacked documentation of an evaluation completed in 2017 or 2018. 4. Interview with P50 and P58, Director of Clinical Services on 03/06/18 at 3:20 pm confirmed lack of evaluations in P50's and P52's personnel file and they were not done.	T 144			

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood Of IN & KY-
Lafayette

Surveyor Name

Grace Russell, RN

Provider Number

Surveyor Number 14445

Discipline PHNS

Observation Dates:

From 3/5/2018 To 3/7/2018

Facility # 013765

State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/5/18	10:45AM ^(EST) Arrived @ facility
Open	Intro's & front desk - reason for visit given
M-F	(facility) notified by Jennifer H. from ISOH for survey (she spoke & chg. nurse)
Wed	10:55AM - Held Entrance conference
Medical Procedures only	(BS) Health Center Mgr (awaiting other Adm Staff to arrive) - Request for Adm documents made
30 or <	List provided.
As IN	
Miss NP Staff	Nrsq (Tammy & Beth) - requested documents needed for survey
Dr	
Med Dir	Med records are electronic. And/or to will assist in review (closed) & Nurses.
	Await documents requested - Await Adm Staff
	(Dr. Clinical Services) Arrived to facility (Intro's) have
NP	Informal / reason for visit. And document request list(s)
Transfers Out	12:10pm ^{Approx} - Arrived - VP of Services from about survey - Intro's
Infections in last 6 mos	Med call. 1 from
Complaints	12:10pm - Arrived - Dir Clinical Operations. 1 from about survey Intro's
Swabs	Med call. 1
No Post-op Area	Last review / Approval. Standards & guidelines 11/20/2016
Do not do Surgical	Renewed - PPFA Manual. Standards & Guidelines requirements - Medical up to 70 days (Medical here only / No Pediatric) Urine Ont's (follow it, common standards)

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood OF IN & KY- Lafayette Surveyor Name Grace Russell, RNProvider Number Surveyor Number 14445Observation Dates: From 3/3/2018 To 3/7/2018 Discipline PHNSFacility # 013765

State licensure survey

TAG/CONCERNS

DOCUMENTATION

<p>3/5/18</p> <p>Some revisions 3/2017</p>	<p>Manual (policies) review cont'd</p> <p>QA program under QA mgt + the committee</p> <p>(sub committee of Affiliates under Quality + Risk mgt)</p> <p>Audit ✓</p> <p>Complication tracking ✓</p> <p>back up power ✓</p>
<p>Ch. 1</p> <p>Physician responsibilities</p> <p>take home medication ✓</p>	<p>Pt Education ✓</p> <p>" Consent ✓</p> <p>med records Ch. 5 ✓</p> <p>Roles/responsibilities ✓</p> <p>Medical Director</p> <p>1 - program director</p> <p>Training ✓</p> <p>Clinical Privileging ✓</p> <p>Ch. 6</p>
	<p>Pharmacy + Ch. 7</p> <p>Formulary + Annually</p> <p>Storage ✓</p> <p>Formulary (Specific to this)</p> <p>Revised April 2017 ✓</p> <p>(Benadryl ✓)</p> <p>(Epinephrine) ✓</p> <p>(Azithromycin) ✓</p> <p>(and Ibuprofen) ✓</p>
	<p>Ch. 2 / Analgesia / Sedation ✓</p> <p>No sedation at this site ✓</p> <p>Renewed CLIA certificate ✓</p> <p># 1500360690 exp. 09/23/19</p> <p>Delegation of Authority ✓</p> <p>not present</p> <p>Attended Mgt ✓</p> <p>to remaining QA team</p>
	<p>Ch. 2 / Analgesia / Sedation ✓</p> <p>Renewed CLIA certificate ✓</p> <p># 1500360690 exp. 09/23/19</p> <p>Delegation of Authority ✓</p> <p>not present</p> <p>Attended Mgt ✓</p> <p>to remaining QA team</p>
<p>7:35 pm</p> <p>Will Review QA Program</p>	<p>Ch. 2 / Analgesia / Sedation ✓</p> <p>Renewed CLIA certificate ✓</p> <p># 1500360690 exp. 09/23/19</p> <p>Delegation of Authority ✓</p> <p>not present</p> <p>Attended Mgt ✓</p> <p>to remaining QA team</p>

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood Of IN & KY- Lafayette Surveyor Name Grace Russell, RNProvider Number _____ Surveyor Number 14445Discipline PHNSObservation Dates: From 3/5/2018 To 3/7/2018Facility # 013765

State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/5/18	<p>(EST) 2:44pm - Tour of facility (see tour sheet) Accompanied by _____ (Beth also toured per Beth's notes) - 3:35pm Discuss findings thus far - No issues thus far Discussed documents that needed for review for tomorrow (6 plans, further policies) And Approx arrival time for tomorrow to facility, staff - (see below) - Discussed/learned Approx arrival time for tomorrow. Left @ 4:00pm - [start/Arrival time for tomorrow for 9:30am. They have to travel back to facility. I requested longer travel time.]</p>
3/6/18	<p>9:30am (EST) Arrived @ facility - Reviewed P&P for Emergency Transfer ✓ Reviewed Bylaws of Medical Staff (included language: Purpose/Responsibilities, Quals/privileges, Appointments, recommendations, Committees, Report adv. practices/med errors, Practitioner impairment (code of conduct), Practice evaluation. Also those who fail to comply) Reviewed G. Board Bylaws Duties/Quals ✓ Last reviewed/accepted Nov. 29, 2017 Reviewed - Biohazard/WASTE: SWI (company) pick-ups: 2/22/18, 12/28/17, 10/26/17, (and add from 2017) Reviewed Fire + Fire Extinguisher Properties 6/14/17 ✓ + 5/22/17 (Dry chemical) ✓ Reviewed Erkin (Pest control) 1/11/2016 (monthly visits) ✓</p>
1035 PM	

most recent 1/5/2018/ noted from document per Jackie Also prev. 10/1/2017 (from that)

/s/ Russell
PHNS

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood Of IN & KY-
Lafayette

Surveyor Name

Grace Russell, RN

Provider Number

Surveyor Number 14445

Observation Dates:

From 3/5/2018

To 3/7/2018

Discipline PHNS

Facility # 013765

State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/6/18	(EST) 10:55am - Renewed Fire Drills (see physical plant worksheet) - (annual) ✓ last Aug 2017 had two in 2017 (march + August)
11/19 am	Renewed Medical Staff Membership/Affiliations: 11/1/2017 → Dr. → Clinical privileges
for this Dr.	11/13/17 → back up services/hospitalization privileges (helps cover this site Lafayette)
for this Dr.	11/13/17 → back up services/hospitalization privileges (helps cover this site Lafayette)
for this Dr.	11/13/17 → back up services/hospitalization privileges (helps cover this site Lafayette)
for this Dr.	11/13/17 → back up services/hospitalization privileges (helps cover this site Lafayette)
11/50 am	Renewed G Board mgt. Mission Jan 25, 2017 ✓ Attendance present) * was prior. POC + DR
Centralized Calendar	mgt report operations ✓ Quarterly Board report (goals, financial, strategic plans) ✓ Finance report ✓ Strategic ✓ Education/HR reports ✓ 12/2/2017 ✓ Attendance ✓ (+ 1 N)
	Finance ✓ Strategies ✓ Pt. Satisfaction Report ✓ (includes providers) 5/16/17 ✓ (Attendance) ✓ Approved financials ✓ Approved 2018 (FY) Budget 8/7/17 ✓
	Corporate compliance/ Risk Mgt approval of FY 18 OIAA workplace ✓ Pt. Services / update quarterly Executive Committee meeting ✓

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood Of IN & KY-
Lafayette

Surveyor Name

Grace Russell, RN

Provider Number

Surveyor Number 14445

Observation Dates:

From 3/5/2018

To 3/7/2018

Discipline PHNS

Facility # 013765

State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/6/2018 had to leave for Mtg	finished of board Mtg, mins review 11/17/17 CEO Reports Strategies Attendance ✓
1240 pm	Reviewed cred files (Assessed by (see cred file) on computer) sheet No issues in NP file ✓ (*) 'more documents to add to electronic
105 pm	Reviewed / discussed & Aims for occurrences / Reviewed by Risk Mgt + then to Mgt Operations + then to the board (quarterly) Includes: Inf control, library QA/PI monitors DE ✓ (was def from last yr previous)
to Lafayette when at Mtg Mgt	HHP's ✓ (Ch 1) of guidelines orders ✓ (Ch 5) electronic / real time adm privileges ✓ lab manual reviewed last April 2017 (by Lab Director frail) Reviewed tests Competency - Moderate / Rh typing QA ✓ Lab safety ✓ Security Policy 4/4/2017 last reviewed
	Physical Plant / Safety policies (3/24/17) follow guidelines / many features Scheduled maint calendar periodic review of maint program + ORM committee third party for inspection, checks Reviewed Tornado Drill ✓ 2/10/17 Staff present ✓ QA calendar ✓ Work plans ✓ and responsible updates, manual reviews, forms, formularies, logs, competencies, privileging, medications, drugs, anesthesia, audits, drills, contracted services

Due to
go to
board
March
2018

Russell
PHNS

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood Of IN & KY-
Lafayette

Surveyor Name

Grace Russell, RN

Provider Number

Surveyor Number 14435

Observation Dates:

From 3/5/2018

To 3/7/2018

Discipline PHNS

Facility # 013765

State licensure survey

TAG/CONCERNS

DOCUMENTATION

3/6/18

2:25 pm (EST)

Renewed ~~HA~~ ~~SONO~~ - ~~HA~~ Disinfection Log 2018
no issues / initials ✓
strips ✓ OK (Cider)

Renewed Med refing log ✓
checked time diff

Nov. 2018

Feb 2018

Jan. 2018

Renewed

MONTHLY Clinical

Expiration Checklist

meds, needles,
Swabs

Completed by

No Issues

found

Emergency lighting test log ✓

Jan / Feb 2018 ✓

Fire Extinguisher log ✓

" " ✓

Quarterly Maint checks ✓

(includes lamps, batteries backup)

Eyewash Station log ✓

Monthly checks ✓

3pm - 3:15pm took break

Completed Cred file review - Jammy assisted &
checked reviews.

check documents - electronically -

4:00 pm Renewed QA/PT monitors &

no issues noted -
(see QA/PT sheet)

noted corrections (POC)
from last yr survey

QA Mgr. Mined
Report of Mgt Operations
submitted to Board quarterly

4:30 pm - Discussed findings thus far &

Beth + personnel files + 2 pending evaluations (see Beth's notes)
documentation for tomorrow and approx arrival time tomorrow
(medical records completed today + Beth + Jammy)
(see MR notes sheet from Beth + Jammy)

No Issues found. *

Requested

Arrival time for tomorrow 9:30am

Travel to
Lafayette

PHNS

QA
Courses:
E Learning
on fire
training
Annual education

Beth
not in survey
tomorrow.
Jammy and I will
finish
survey

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood OF IN & KY-
Lafayette

Surveyor Name

Grace Russell, RN

Provider Number

Surveyor Number 14445

Discipline PHNS

Observation Dates:

From 3/5/2018

To 3/7/2018

Facility # 013765

State licensure survey

TAG/CONCERNS	DOCUMENTATION
3/7/18	<p>(EST) @ 30 Arr Arrived @ facility - Discussed w/ Tammy, any documents left for review and any findings. Tammy has no findings/issues - def's - Beth (exit ed) yesterday - has finding for personnel files (evaluations x2 missing) -</p>
Arrived ✓ (Approx 10:30am)	<p>Discussed documents still needed @ (Next Director) → Due for perf. evaluation from Asst. Dir. Director (Corporate) Working on completion and to get to sign. CPE → Has not yet do cases at this facility -</p>
* PM → Discussed Review PEP's are up to date!	<p>Reviewed notes, documents (copies) read - Prepared for Exit Conference</p>
	<p>Not Available for Exit Conference</p>
	<p>@ Meeting in Andls</p>
	<p>Held Exit Conference @</p>
	<p>Findings discussed</p>
	<p>Adm - no issues</p>
	<p>Nrg - (Beth) personnel files - lack evals (x2)</p>
	<p>Question answered in regards to report to arrive. To watch for report to arrive via regular mail to respond as needed. If POC: respond, who is fully responsible, timeframe, monitor -</p>
	<p>Approved our reports reviewed first by ISDH, before they (facility) to receive their reports -</p>
	<p>Thank you so much And left facility @ 11:45am (EST)</p>

Russell
PHNS

Planned Parenthood
Lafayette

fact# 013765

Abortion Clinic
Administrative Document Request

List of credentialed staff for Current/2018 ✓

List of non-nursing Personnel for See Nreg (TAMMY's notes) ✓

- ☒ Ownership—copy of articles of incorporation
- ☒ Quality assurance plan and documents to include all services/function/contracts
- ☒ List of contracts with scope and nature of services
- ☒ Constitution and bylaws of governing body (if applicable)
- ☒ Minutes of governing body (if applicable)
- ☒ Process for reporting health professionals
- ☒ Written policy addressing internal review of unusual occurrences and disasters (AIMS Reporting)

Medical Staff Rules including;

- ☒ Procedures for emergency, initial treatment, transfer (policy) ✓
- ☒ History and physical
- ☒ Authentication of orders, who may take verbal orders
- ☒ Policy and procedure for communication with and timely response of physicians concerning a pt emergency
- ☒ Health care worker practice problems
- ☒ Physician Credentialing (if physician performs procedures); verify admitting privileges in writing OR a written agreement with another physician with admitting privileges. The document(s) must be present in the clinic.

Medical records policies including;

- ☒ Policies assuring documentation of care and services provided
- ☒ Policies for safeguarding records from sources of damage Standard/policy 5.1.1
- ☒ Maintenance of records for appropriate time frame
- ☒ Authentication and security of record
- ☒ Use of plain paper fax
- ☒ Confidentiality
- ☒ Release of information

Laundry policies — laundry

Dietary policies (if applicable) — (Snacks) — No prepared meals
Pre-packaged (pt's choose)

Lab policies including;

- ☒ CLIA certificate or waived
- ☒ Quality control and QA policies for complexity of tests Lab coop + CDD

Physical plant/ Safety policies including;

- ☒ Preventative maintenance policies/logs
- ☒ Repairs and electrical leakage checks
- ☒ Housekeeping and infectious waste policies (reviewed by Nrs) ✓
- ☒ Equipment inspection
- ☒ Vermin Control (Pest Control)
- ☒ Building operations
- ☒ Chemical substance use/storage
- ☒ Surgical waste disposal
- ☒ General housekeeping (reviewed by Nrs)
- ☒ Fire control plan AND Evidence of state or local fire inspection ✓ 10/30/17
- ☒ Emergency/disaster preparedness — (Includes Active Shooter)

Drills + Tornado ✓

Do OWN HK currently
Checking on
Contractor for this

09/02/2014

SR

Facility # 013765

State survey

Facility Name Planned Parenthood - Lafayette

Surveyor Grace Russell RN, PHNS Date 3/5-3/7/10

ABORTION CLINIC DOCUMENT REQUEST
QA/PI MONITORS

	Monitor Y N		Standard Y N		QA Reports Y N	
Biohazardous Waste	Y		Y		Y	
Biomedical PM	Y		Y		Y	
Housekeeping	Y		Y		Y	(internal)
Lab	Y		Y		Y	
Laundry/Linen	N/A					
Medical Records	Y		Y		Y	(Audits)
Maintenance	Y		Y		Y	(logs/pm's)
Nursing	Y		Y		Y	(Audits, pt. satisfaction)
Pharmacy	Y		Y		Y	(med record audit)
Security	N/A					(have camera/interval) -
Discharges	Y		Y		Y	have had time for post op
Transfers	Y		Y		Y	
Infection Control	Y		Y		Y	
Response to Patient Emergencies	Y		Y		Y	phs for calls (available) and/or generated in pt. report
Medical & Medication Errors	Y		Y		Y	Report of mgt operations
Reportable Events	Y		Y		Y	(AIMS at reports) IN QA Mgt
Semi-annual governing board meetings which included QA&I reports						PHNS

conducts rounds ✓

(No * different SHH)

* goes to board agenda item + Pt. Services

Russell
PHNS

fact 013765

ABORTION CLINIC ADMINISTRATIVE TOUR

FACILITY Planned Parenthood SURVEYOR Gina Fusilli, PHN
MED DIR Calayotte MANAGER Calayotte TOUR: DATE 3/5/18 TIME 2:44p (EST)

- ☒ Posting of license Tobias exp. 6/30/18
- ☒ Pantry/nourishment area (Snacks)
- ☒ Janitor closet
- ☒ Housekeeping Split up - 3 diff. Areas
- ☒ Preventative Maintenance
- ☒ Storage Areas
- ☒ Flammable agents
- ☒ Tank storage and secured
- ☒ Overall maintenance
- ☒ Adequate battery powered lighting and equipment (emergency lights) hallway
- ☒ Medical record storage (off-site from Mountain)
- ☒ Laundry Services
- ☒ Safety
- ☒ Lab area, as applicable
- ☒ Chemical use and storage
- ☒ Refuse/infectious waste flashlights in rooms
- ☒ pick up monthly

COMMENTS/INTERVIEWS

No generator
200 heater (Closet room) ✓
RVAC Last Maint 1/24/17
Breaker Panel ✓

Consult find
exam from Act

US Machine ✓
PM Current
2018

US Tech (vacant) End of staff
RN to be to assist
trained drop help
per trained

5:30 3pm Outside - Trash dumpster
Secured
no issues

pk

fact # 013765

Facility Name Planned Parenthood - Lafayette

Surveyor Grace Russell RN, PHNS Date 3/5-3/7/18

State License
Survey

**ABORTION CLINIC
DOCUMENT REQUEST - CREDENTIAL FILE REVIEW**

[illegible]

Jammy B
 Assistant and
 Reviews
 2018-12-17 PM

03/03/2018 12:17 PM

Buszler
1948

Facility Name Planned Parenthood IN + KY - Lafayette State Survey
 Surveyor Grace Russell RN, PHNS Date 3/5 3/7/17

**ABORTION CLINIC
 DOCUMENT REQUEST - PHYSICAL PLANT WORKSHEET
 EQUIPMENT**

Type	Tag 0406 Maint Sched	Tag 0408 PM	Tag 0410 Triennial Review
Heating	✓	11/24/17	
Ventilation	✓	11/24/17	
Air Conditioning	✓		
Emergency Generator			
Emerg Power Source	batteries	Emerg lights / lighted wall signs and flash lights	
Fire Alarm	✓ Ace fire Alarm	5/23/17	
Smoke Detector	✓		
Sprinkler System			

Type	Tag 0414 Maint Sched	Tag 0416 PM	Tag 0418 Electr Check	Tag 0418 Triennial Review
Anesthesia Machine	Blood Pressure	Manual check 3/21/17	Calibrated ✓	
Cardiac Monitor				
Centrifuge	✓ Spin Box	3/21/17	✓ K&R medical	
Defibrillator	NA (none currently)	3/21/17		
Emerg Call Code Syst				
Patient Exam Light	✓ Ritec	3/21/17	✓ K&R medical	
Patient Scale	✓ Health-o-meter 3/21/17	K&R medical		
Recovery Chair				
Sterilizer (Reg. Clinic) →	Not for AB Clinic			
Suction Machine				
Surgical/Exam Table				
Ultrasound	GE LOGIQ	3/21/17	K&R medical	
Wheelchair		+ 2/18/18		

Microscope ✓ Wescor 3/21/17 K&R medical

NA - do not have equipment

NR - not responsible, as equipment is building-wide & maintenance responsibility is by lessor

FIRE DRILLS Tag 0436

	Quarter (held 2 in 2017)			
	1	2	3	4
Shift 1	✓	5/22/17	8/25/17	
Shift 2				
Shift 3				

Abortion Clinics usually have only 1 shift

SR

Facility Name Planned Parenthood - Lafayette

Date 3/5-3/7/18

NAME (Print)

TITLE (Print)

Health Center Manager
Dir. of Clinical Services
VP of Patient Services
Dir. of Clinical Operations

Брусалкин
Р.Н.С.

Planned Parenthood of Indiana and Kentucky Medical Standards and Guidelines

PPFA revised June 2016/PPINK Implemented December 19, 2016

I, _____, Medical Director for Planned Parenthood of Indiana and
Kentucky (PPINK) have reviewed and approve the PPINK Medical Standards and
Guidelines and all associated documents.

_____, Medical Director

11/28/2016

Date

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY JOB DESCRIPTION

JOB TITLE: Health Center Manager

REPORTS TO: Regional Director

FUNCTION: Responsible for overall management of one or more health center sites, including supervision of health center staff.

ESSENTIAL FUNCTIONS:

- Monitors the quality of medical care and compliance with agency standards and guidelines, policies and procedures.
- Manages overall performance of one or more Planned Parenthood of Indiana and Kentucky health centers, including achievement of goals related to patient numbers, productivity standards, and health center donations.
- Manages health center budget: Assists Regional Director with development of budget.
- Responsible for health center performance including the display of teamwork, quality of new hires and turnover ratio.
- Hires, trains, supervises, and terminates health center staff, contract employees and volunteers.
- Participates in the recruiting process by managing applicant flow and providing HR with feedback on interviewed applicants in a timely manner.
- Submits accurate and timely payroll, including time card adjustments.
- Manages staffing to include finding replacements, reassigning staff to other sites as workflow necessitates, and ensuring staff are cross-trained.
- Prepares disciplinary and performance improvement documents independently and provides indicated management follow-up.
- Maintains knowledge of Planned Parenthood of Indiana and Kentucky policies, governing values and strategic plan.
- Develops and fosters community relationships through participation in community groups, presentation of education programs, working with local media.
- Performs direct patient care duties as part of everyday responsibilities. Including performing laboratory testing (Hct, urine dipstick, PTs, B/P, wt, blood drawing), specimen handling and processing, reporting and follow-up of Pap smears, blood work, GC, CTT, herpes testing, and other diagnostic tests as indicated without supervision.
- Conducts QA audits, develops corrective action plans as necessary, and advises QA Coordinator on progress of deficiencies.

- Completes and makes corrections to maintain accuracy of all reports and forms, including timesheets, monthly summaries, supply requisitioning, etc.
- Maintains control over health center funds and other assets including petty cash, ordering and inventory.
- Conducts inventory counts and reconciles errors as necessary.
- Maintains medical records system and ensures the appropriate safeguarding of documentation.
- Maintains and sends all employee documentation to HR for placement in the employee's personnel file.
- Disseminates information to health center staff through regular meetings and other means.
- Maintains all facilities and equipment through the landlord and other service representatives.
- Ensures completion of day sheets on a daily basis.

*Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time.

EDUCATION AND EXPERIENCE:

Requires a high school diploma, with 2-4 years of experience and appropriate training in the health care field or a related area. Management experience preferred. Experience with standard business equipment and software programs preferred, including electronic practice management and health record systems.

REQUIRED COMPETENCIES:

DEVELOPING/DIRECTING OTHERS: Strives to improve the skills of subordinates or others by providing clear, behaviorally specific performance feedback, effective coaching and mentoring, and development experiences and opportunities. Uses interpersonal style and the power of one's position to set expectations for others, enforce standards, and tell others what they must do towards the accomplishment of identified goals and objectives. Ensure that ethics and honesty are valued and exhibited in work products and daily behavior of self and others.

CUSTOMER SERVICE: Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of Planned Parenthood of Indiana and Kentucky services. Understands and finds solutions within the limits of what is available. Can solve problems with minimal disruption. Communicates openly and directly. Able to change communication style according to the needs of the audience and the situation.

TEAMWORK: Able to gain cooperation from others and work collaboratively toward solutions which generally benefit all involved parties. Proactively identifies opportunities to assist others and ensures that information is communicated accurately and timely to all necessary parties. Behaves honestly and ethically. Communicates openly and directly. Able to change communication style according to the needs of the audience and the situation.

PLANNING AND ORGANIZING: Establishes a systematic course of action to accomplish specific objectives. Determines priorities and uses time effectively. Completes the workload required of the position. Able to change priorities according to the work load and asks for assistance as appropriate.

ACHIEVEMENT ORIENTATION: Self-starting. Independently demonstrates a desire to set and meet objectives, to find a better or more efficient way to do things, and to compete against a self-defined standard of excellence.

ATTENTION TO DETAIL: Thorough in accomplishing a task. Double checks work before turning in. Accurately completes all areas involved no matter how small.

EXPERTISE (Technical or Procedural): Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills. Often referred to as a "quick learner".

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently required to sit and talk or hear. The employee is occasionally required to stand; walk and reach with hands and arms. The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision, depth perception and ability to adjust focus. The noise level in the work environment is usually moderate.

SPECIAL REQUIREMENTS:

Ability to maintain confidentiality of all Planned Parenthood of Indiana and Kentucky business and activities on and away from the job. Regular attendance during designated working hours is required.

LICENSES: CPR Certification

REVISION DATE: September 2014

HOURS: full-time

OVERTIME EXEMPT:

Yes

Employee Printed Name *(please print clearly)*

Employee's Signature

Date

Dec 27, 16

Supervisor's Signature

Date

Facility Name Planned Parenthood - Lafayette

Surveyor Tammy Berber RN

Date 3/5-3/7/18

Fac# 013765

**ABORTION CLINIC
SIGN IN SHEET**

NAME (Print)

TITLE (Print)

Health Center Manager

Dir. of Clinical Services

VP of Patient Services

Dir. of Clinical Operations

Health Center Manager

Tammy Berber RN

Indiana State Department of Health Patient/Record Identifier Table

Name of abortion clinic: *Planned Parenthood*

Date of survey: *3-5-18 to 3-7-18*

Type of survey: *State Survey*

Patient's name or medical record number	Number assigned by surveyor to patient's name or medical record number
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	22
	23
	24
	25
	26
	27
	28
	29
	30

*See Beth's
surveyor notes*

Beth's notes

Barber RN

1:10PM

Fac# 013765

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#
	16	17	18	19	20	21	22	23	24	25
Patient identification to include:										
Name	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Age										
Address	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verification and documentation of gestational age (M.T.S)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematocrit or hemoglobin										
Rh typing										
Completion of the abortion documented by ultrasonography or other clinical means (rescan)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provision of follow-up examination and services	Failed	Failed	✓	✓	✓	✓	✓	✓	✓	✓
Prenesthesia evaluation within forty-eight (48) hours before a surgical abortion										
History and physical examination report to include:										
Vital signs BP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any significant risk factors (written in red)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The date written										
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of a physical examination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any allergies and abnormal drug reactions	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Entries related to anesthesia administration										
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1, State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A report describing techniques, findings, and tissue removed or altered.										
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient. (witness)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Condition on discharge, disposition of the patient, and time of discharge.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge entry to include instructions to the patient or patient's legal representative.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the transfer form, if the patient was referred to a hospital or other facility.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the terminated pregnancy report (FM on every body report)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.										
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activities allowed and to be avoided (mid speaks to)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis (when to call us form)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up appointment, if indicated	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Counseling regarding Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Administration of Rh immune globulin, if indicated - unless patient signs a waiver or other arrangements for administration are documented	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Conscious sedation										
Frequent monitoring for verbal responses										
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used.										
Postanesthetic evaluation for proper anesthetic recovery before discharge										
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)										
Form 56113 - Certification of Provision of Perinatal Hospice Information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56114 - Disposition of Aborted Fetus (Signed & timed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56115 - Available Counseling after an Abortion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

PR

14 JP signed

Barbara R

FAC #C13765

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #
	26	27	28							
Patient identification to include:										
Name	✓	✓	✓							
Age										
Address	✓	✓	✓							
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓							
Verification and documentation of gestational age	✓	✓	✓							
Hematocrit or hemoglobin										
Rh typing										
Completion of the abortion documented by ultrasonography or other clinical means (yes/no)	yes	✓	✓							
Provision of follow-up examination and services	✓	✓	✓							
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion										
History and physical examination report to include:										
Vital signs	✓	✓	✓							
Allergies	✓	✓	✓							
Any significant risk factors	✓	✓	✓							
The date written										
Appropriate medical history	✓	✓	✓							
Results of a physical examination	✓	✓	✓							
Results of any diagnostic studies	✓	✓	✓							
Results of any laboratory studies	✓	✓	✓							
Any allergies and abnormal drug reactions	✓	✓	✓							
Entries related to anesthesia administration										
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1, State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓							
A report describing techniques, findings, and tissue removed or altered.										
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient.	✓	✓	✓							
Condition on discharge, disposition of the patient, and time of discharge.	✓	✓	✓							
Discharge entry to include instructions to the patient or patient's legal representative.	✓	✓	✓							
Copy of the transfer form, if the patient was referred to a hospital or other facility.										
Copy of the terminated pregnancy report. (FU on everybody)	✓	✓	✓							
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement. (B or V follow up)	✓	✓	✓							
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓							
Activities allowed and to be avoided	✓	✓	✓							
Hygienic and other postdischarge procedures to be followed	✓	✓	✓							
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓							
Follow-up appointment, if indicated	✓	✓	✓							
Counseling regarding Rh typing	✓	✓	✓							
Administration of Rh immune globulin, if indicated - unless patient signs a waiver or other arrangements for administration are documented	✓	✓	✓							
Conscious sedation										
Frequent monitoring for verbal responses										
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used.										
Postanesthetic evaluation for proper anesthesia recovery before discharge										
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)										
Form 56113 - Certification of Provision of Perinatal Hospice Information										
Form 56114 - Disposition of Aborted Fetus	✓	✓	✓							
Form 56115 - Available Counseling after an Abortion	✓	✓	✓							

TPR

Phys
up
sign

Beikera

SURVEYOR NOTES WORKSHEET

Facility Name Planned ParenthoodSurveyor Name Tammy Berber, RN

Provider Number

Surveyor Number

35731

Discipline PHNS

Observation Dates:

From

3-5-18

To

3-7-18

State Survey

①

TAG/CONCERNS	DOCUMENTATION
915	Arrived @ facility
945	Entered (1045 E)
3-5-18	m-F
	W Procedure Days - now is different days
	A's in NP + MD
	only Medical
	Avg cases per month
	MD Director
	No laundry here - d/t no SX here
	POC - urinedips
	fingerstick - HIV testing
	CDD - ?
	no suction, sterilizers for Family Planning side
	Staff does Hskping - (interviewing contracts)
	cred files
	med Director
	1 NP
	11/28/16 P/P last updated
1110	Reg list of all nursing staff
	1 RN
	NP
	2 MA
	Front desk
	Reg Dir of Clin Operations
	Staffing grid

TBerber RN

SURVEYOR NOTES WORKSHEET

Facility Name Planned ParenthoodSurveyor Name Tammy Berber, RN

Provider Number

Surveyor Number

35731

Discipline PHNS

Observation Dates:

From

3-5-18

To

3-7-18State Survey

(2)

TAG/CONCERNS	DOCUMENTATION
1130	brought in complication log & register pt list (incident)
	June 1
	July 0
	Aug 4 (1)
	Sept (1)
	Oct 1
	Nov 1
	Dec 1
	Jan 3 (1)
	Feb (1)
	incident Reports
	came in 1145
	Received IC, Personnel records Nurse Charge MAS
	4 pts 2 Incidents Aug 2017, Sept 2017, Jan 2018, Feb 2018
	Beth review - Personnel files
	Personnel Handbook
	- Educational Verification - Confirms the prospective employees claims educational institution & educational level attained. PPINK will verify licenses & credentials for all clinical staff by searching applicable issuing agency. Physicians & other licensed staff who are subject to credentialing processes will be processed through those procedures as well.
	- Health Screening/Immunizations
	Based on CDC/ISDH recommendations, PPINK req that all new health center employees provide proof of a - neg TB test or CXR obtained in the last 12m prior to beginning work at PPINK. Annual testing for TB infection is req @ some locations Lafayette area - annual is req @ Lafayette

per

1243pm

J Berber RN

Planned Parenthood

Tammy Berber, RN

35731

Discipline PHNS

From

3-5-18

To

3-7-18

State Survey

Selected - 4 incident
1 page
25 list

Shelton RN

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood

Surveyor Name

Tammy Berber, RN

Provider Number

Surveyor Number

35731

Discipline PHNS

Observation Dates:

From

3-5-18

To

3-7-18

State Survey

(4)

DOCUMENTATION

AG/CONCERNS

3-5-18

LOS
return

Review of incident reports

Incident rep

Failed medical abortion, ongoing pregnancy -
patient referred to 2nd trimester clinics as she
requested - outcome D+C/D+E (other provider)
pt missed FU appt post procedure

Incident rep

Failed medical abortion, ongoing pregnancy. Patient
will receive aspiration @ another PP/INK clinic
D+C/D+E (@ another affiliate)

Incident rep

Failed medical abortion, retained products only/Debris
Repeat dose of misoprostol

Incident rep

Failed medical abortion, Incomplete/retained POC's/Debris
Patient scheduled for S&B @ Georgetown

Pt case/nursing P/P:

2.7.2. Complication tracking- must have a complication tracking
system for each provider that is reviewed on a reg
basis by the program Dir + affiliates RQM committee

2.7.3 Incident reporting - Designated RQM affiliate staff in
cooperation w the mtb is responsible for reporting
incidents in the AIMS system. Incident req immediate
consultation the R + Q manager.
Retention of a foreign bod object in a patient p sx or other
invasive procedure

Pt Education

4.1.1 IV must be documented that pt education
materials r/t the visit were given. Each specific pt
education sheet or other educational material need not
be listed.

T Berber RN

SURVEYOR NOTES WORKSHEET

Facility Name Planned Parenthood
Provider Number _____
Observation Dates: From 3-5-18 To 3-7-18

Surveyor Name Tammy Berber, RN
Discipline PHNS

State Survey

5

TAG/CONCERNS	DOCUMENTATION
3-5-18 217	<p>Consent -</p> <p>Rho - pt does not need to sign</p> <p>ID - Pts who are 18y of age or older must be present identification & their birthdate (not necessarily a photo ID) staff will scan this information into the pts medical record. Pts who forget this ID & obviously appear to be over 27yrs of age may have this req waived.</p> <p>Pts who are 17yrs old or younger need the written consent of a parent or legal guardian. Pts who are 17 yrs old or younger should show ID. IF not exists this must not be a barrier to service.</p> <p>a parent or legal guardian who accompanies a minor pt must show ID. Staff must scan this ID in the minor pt MR. In addition the parent or legal guard must sign the PPINK #15 & any corresponding CTR's consenting to the abortion procedure.</p> <p>Emanicipated minors do not need parental or judicial bypass. NO written proof is necessary for emancipated minors. At least 14yrs of age & not dependent on parent</p> <p>Complaints/Incident P/P ref code</p> <p>All incidents should be entered in AIMS as soon as possible following the event, this may be updated as new details occur.</p> <p>Discussed reporting Medical Abortion Failures &</p> <p>Exit facility @ 4P - Administration will not be (Wanted 10³⁰) ^{we said} (available until 9³⁰ entrance)</p> <p>3-6-18 Entered facility 9³⁰ am</p> <p>Met C.</p> <p>Ch 1 Abortion Services pg 10</p> <p>III Rho(D) Immune Globulin</p> <p>A. IF Rh-negative, Rho(D) immune globulin (50mcg) must be given the same day as mifepristone or w/in 72 hours of mifepristone</p> <p>B. The half life of Rho(D) immune globulin is 24 days, although</p>

Berber RN

SURVEYOR NOTES WORKSHEET

Facility Name Planned ParenthoodSurveyor Name Tammy Berber, RN

Provider Number

Surveyor Number

35731

Discipline PHNS

Observation Dates:

From

3-5-18

To

3-7-18

State Survey

(6)

TAG/CONCERNS	DOCUMENTATION
3-6-18 1005	Standard dose of Patient EU returns - mandatory - ongoing, suspected Transportation pt drives self Complications - Early (Day of abortion) Bleeding during medication abortion within 24 hours of misoprostol administration • Persistent heavy bleeding (≥ 2 saturated pads/hour or large clots) • Prolonged bleeding • Symptoms/signs of hypovolemia • Blood clot/tissue @ cervical os or in vagina • U/L reveals retained POC's If duration of heavy bleeding ≤ 2 hours and pt stable, advise continued monitoring of bleeding & re-evaluate in another 1 to 2 hours. Remove tissue from vagina or cervix, if present, Consider repeat dose of misoprostol or methergine 0.2 mg orally q 4-6 hrs x 24-72 hours as indicated. If heavy bleeding persists > 4 hours or symptoms/signs of hypovolemia, refer for prompt clinical evaluation. Treat w/ antibiotics if pelvic infection suspected.
	Beth reviewed emergency medicine log - reviewed monthly by nurse manager.
1115	Review of Patient Care Personnel Committee x 3m Lafayette - MR audits were discussed, including summaries and corrective action, all committee members were sent a Q1 2017 QM Summary Lafayette - Complications were reviewed and all committee members were sent Q1 AB site mgrs to review complication reports & reporting parameters @ Staff @ next Staff meeting. Laf - Infections/trends were reviewed Laf - no vendor issues noted Laf - All incidents discussed by pt committee - No trends identified OBHA Exposure - none to report

J Berber RN

SURVEYOR NOTES WORKSHEET

Fac # 013765

Facility Name

Planned Parenthood

Surveyor Name

Tammy Berber, RN

Provider Number

Surveyor Number

35731

Discipline PHNS

Observation Dates:

From

3-5-18

To

3-7-18

State Survey

(7)

TAG/CONCERNS	DOCUMENTATION
3-6-18	Training Ch 6 Personnel
1140	Talk about abortion - mandatory w/ 6m of hire
	orientation to abortion pill - mod 1 + 2 - w/ 6m
	orientation to Abortion pill - side Effects complications
	+ Completion - Mod 3 - w/ 6m
	ULT - hands-on training component - available on CAL
	MR review
	Failed med abortion → Pt ref to 2 nd tri clinic
	Failed med abortion → repeat dose of Misoprostol
	Incident reports
	✓
	✓
	✓
	Beth Surveyor notes
	" " "
	11-17-17-Weekly wire all staff req to read the announce/ education.
	creates → prints → she educates everyone + everyone signs then they go in the book. (Reviewed)
	The box on the Intake form - use to be able to just ✓ the box now (PINK WIDE) now has to enter education into documents sep.
	The forms box generates the forms needed for a medical abortion.

Berber RN

SURVEYOR NOTES WORKSHEET

Fac# 013765

Facility Name

Planned Parenthood

Surveyor Name

Tammy Berber, RN

Provider Number

Surveyor Number

35731

Discipline PHNS

Observation Dates:

From

3-5-18

To

3-7-18

State Survey

8

TAG/CONCERNS	DOCUMENTATION
3-6-18 248	Int c prior to ; The forms are pre printed - so we can pick & choose what to give them.
320	Medical Creditial Files for Grace
433	Both → completed her area of exit r/t personnel performance evaluations
	Discussed Qtrly meeting r/t pt care, IC c
	Left facility @ 445
3-7-18	Arrived @ facility @ 9 ³⁰ @ facilities request again
	Reviewed Incidents c Grace
	Discussed MR follow up for rescans p incidents
	Discussed c Grace MR review → Δ in education
	Selection → Drop down, records prior to 11-2017
	were imputed manually and a small check box indicated
	pts received Discharge / Post Information along c
	24 Emergency Phone #. Beth reviewed a chart that
	a patient did call the 24hr hotline & the facility
	followed up the next day c the patient to ensure
	the patient received the help/information needed.
	The facility filled out the proper form & put in
	pts chart.
1020	Per : retention doesn't need to be reported to
	SDH unless pt is 13 → Facility has not had any
	13, 14 yr olds for the entire year.

Berber RN

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood

Surveyor Name

Tammy Berber, RN

Provider Number

Surveyor Number

35731

Discipline PHNS

Observation Dates:

From

3-5-18

To

3-7-18

State Survey

(9)

TAG/CONCERNS	DOCUMENTATION
3-7-18 1025	<p>The facility did have 1 - yr old from June¹⁴ - Feb¹⁸.</p> <p>Asked for the facility to pull a list for the whole year of 13; 14 + 15 yrs.</p> <p>There was (per -) of them had their medical abortion here - (Beth reviewed)</p> <p>of the only had pre-labs completed here & then went to Georgetown for the sx procedure.</p> <p>Information was documented given to both patients r/t abortion/Types/education-fetus/pt rights/alternative options.</p>
	<p>Lab Corp > labs MA/Nurse draw labs</p> <p>CDD</p>
	<p>When reviewing MR - there was patient who was Rh⁺ & needed to receive Rh⁻ 50mcg was given the same day as the procedure.</p>
	<p>Interviewed - r/t HR sending Per Evals to mngs to complete - Per HR was not sent. (Beth understood this would aware) be a concern.</p>
	<p>Exit Conf - RN mgr + Dir</p> <p>Q + A - r/t today</p> <p>Thanked for all the time spent</p> <p>Discussed survey process & what I looked at.</p>
	<p>Left Facility @ 1145</p>

TBerber RN

FAC # 013765

Abortion Clinic
Nursing Document Request

- ✓ Patient list/register for 6m → June 17 - Feb 18
- X List of all Nursing Personnel including agency for 6m
- X Complaint Log for June - Feb
- X Incident Reports for June - Feb
- ✓ Charge IC -
- Personnel policies including:
 - ✓ Policy for control of communicable diseases includes specific to TB
 - ✓ Orientation and training of new employees, contract and agency personnel
 - ✓ CPR policy
 - ✓ Annual in-service requirements
 - ✓ Annual competency for nursing and other personnel performing lab tests

- Beth's notes -
- ✓ Patient care/nursing policies and procedures including:
 - ✓ Composition of and meeting minutes for the patient care personnel committee
 - ✓ Reliable method of ID
 - ✓ Instruction for follow up care and transportation—to include counseling, RH type and administration of Rhogam
 - ✓ Reporting of post procedure complications and follow up
 - ✓ Cleaning and sterilization of reusable equipment Autoclave → Family Planning side

- Infection control program and policies including; — See Beth's surveyor notes
- ✓ Composition and meeting minutes of infection control committee
 - ✓ Provision for active and effective Infection Control Program

- X Sterilization policies and procedures including:
 - ✓ Instructions for loading, operating, cleaning and maintaining sterilizers
 - ✓ Instructions for cleaning packaging, storing, labeling and dispensing of sterile supplies
 - ✓ Records of sterilization cycle and results of biological indicators in testing sterilization
 - ✓ Cleaning of environmental surfaces contaminated by blood or infectious material

- X Anesthesia policies including:
 - ✓ Safety rules to be followed
 - ✓ Safety training required of personnel
 - ✓ Preanesthesia, intraoperative and post anesthesia policies and requirements

- no stock →
- ✓ Pharmacy services policies including:
 - ✓ Records of stock supplies and accounting of all items
 - ✓ Policies for drug handling, storing, labeling dispensing and administration Grace mifepristone (main chemical pill)
 - ✓ Reporting of adverse reaction and medical errors Grace
 - ✓ Storage and security Grace reviewed
 - ✓ Formulary - Grace reviewed
 - ✓ List of available emergency drugs

- X Trsf out - 6m → to ER
- ✓ 13/14/15 - list 6m
- ✓ Return visits c incomplete for sx → 6m
- 09/02/2014
- X Infections reported → 6m
- ✓ Avg # of cases month - 30 or ↓

Barber RW

Indiana State Department of Health

Abortion Clinic
Human Resources
Request Form

Personnel files should include:

- Prior education,
- position/title,
- date of hire,
- license/certification,
- initial orientation,
- in-servicing/education,
- job description,
- competencies
- current CPR status,
- most recent evaluation,
- physical exam/tests,
- two step PPD,
- immunizations per facility policy.

PLEASE, Mark/label with tab on each of the above areas per file or have a staff member familiar with files available for review process. THANK YOU.

Nursing:

1. Charge RN-
2. NP
3. MA
4. MA
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Surgeon
Fertility
Nurse
Jennifer

Administration:

1. Reg Director
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

J. Barber RN

SURVEYOR NOTES WORKSHEET

Facility Name

Planned Parenthood

Surveyor Name

Wampler

Provider Number

Surveyor Number

Discipline

Observation Dates:

From

03/05/18

To

03/07/18

013765

TAG/CONCERNS	DOCUMENTATION
03/05/18	1050/Arrival Medical procedures only Adm M → F - Medical Director
	NP - - Charge nurse
1032	Review E nursing needs Other nurse surveyor
30/140	6 personnel 13-14-15 yr. old x 6 mos Returns last 6 mos pr. list 6-1-17 to 2-28-18 0 agency nurses 0 CPO experiences
1035	yes - incident reports - IC nurses
1140 PM	Start personnel Completed 3 files
Missing	P50 2017 eval - criminal ✓ P51 physical exam - immunizations - criminal ✓ P52 2017 eval criminal ✓ - immunizations physical CPR
1 PM	Infection Control Book - qtrly minutes of IC, AB audits, qtrly IC discussions complete those minutes go to, report of mgmt - board
230	Done E IC
230	Junk of unit - dust on top of cabinet - in 3013
4 PM	Out
PP -	11/14 Last review

Facility Name Planned Parenthood - Lafayette

Date 3/5-3/7/18

ABORTION CLINIC SIGN-IN SHEET

NAME (Print)

TITLE (Print)

57

(Key) Health Center manager

58

Dir. of Clinical Services

59

VP of Patient Services

60

Dir. of Clinical Operations

Abortion Clinic:

PP-Lafayette

Date: 03/05/18 to 03/07/18

3rd of 3 evals not documented for 20.7 per P58

410 IAC 20-8-

Sec 2

T0144

Indiana State Department of Health

Patient/Record Identifier Table

Name of abortion clinic:

Date of survey:

Type of survey:

See Lammie's notes for #16 thru #28

[illegible]

ABORTION CLINIC MEDICAL RECORD REVIEW

C P60

	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #
	1	2	3	4	5	6	7	8	9	10
Patient identification to include:										
Name	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematocrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Completion of the abortion documented by ultrasonography or other clinical means	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provision of follow-up examination and services										
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion										
History and physical examination report to include:										
Vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any significant risk factors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The date written	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of a physical examination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any allergies and abnormal drug reactions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Entries related to anesthesia administration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1, J, State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A report describing techniques, findings, and tissue removed or altered	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Condition on discharge, disposition of the patient, and time of discharge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge entry to include instructions to the patient or patient's legal representative	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the transfer form, if the patient was referred to a hospital or other facility	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the terminated pregnancy report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement										
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activities allowed and to be avoided	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up appointment, if indicated	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Counseling regarding Rh typing										
Administration of Rh immune globulin, if indicated - unless patient signs a waiver or other arrangements for administration are documented										
Conscious sedation										
Frequent monitoring for verbal responses										
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used										
Postanesthetic evaluation for proper anesthesia recovery before discharge										
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)										
Form 56113 - Certification of Provision of Perinatal Hospice Information										
Form 56114 - Disposition of Aborted Fetus										
Form 56115 - Available Counseling after an Abortion										

φ = did not follow-up

09/09/2016 VS = BP only

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #
	11	12	13	14	15	16	17	18	19	20
Patient Identification to include:										
Name	✓	✓	✓	✓	✓	✓	✓			
Age	✓	✓	✓	✓	✓	✓	✓			
Address	✓	✓	✓	✓	✓	✓	✓			
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓			
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓			
Hematocrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓			
Rh typing										
Completion of the abortion documented by ultrasonography or other clinical means	✓	✓	✓	✓	✓	✓	✓			
Provision of follow-up examination and services										
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion										
History and physical examination report to include:										
Vital signs	✓	✓	✓	✓	✓	✓	✓			
Allergies	✓	✓	✓	✓	✓	✓	✓			
Any significant risk factors	✓	✓	✓	✓	✓	✓	✓			
The date written	✓	✓	✓	✓	✓	✓	✓			
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓			
Results of physical examination	✓	✓	✓	✓	✓	✓	✓			
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓			
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓			
Any allergies and abnormal drug reactions	✓	✓	✓	✓	✓	✓	✓			
Entries related to anesthesia administration	✓	✓	✓	✓	✓	✓	✓			
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1, State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓	✓	✓	✓			
A report describing techniques, findings, and tissue removed or altered.										
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient.	✓	✓	✓	✓	✓	✓	✓			
Condition on discharge, disposition of the patient, and time of discharge.										
Discharge entry to include instructions to the patient or patient's legal representative.	✓	✓	✓	✓	✓	✓	✓			
Copy of the transfer form, if the patient was referred to a hospital or other facility.	✓	✓	✓	✓	✓	✓	✓			
Copy of the terminated pregnancy report.	✓	✓	✓	✓	✓	✓	✓			
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.										
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓			
Activities allowed and to be avoided	✓	✓	✓	✓	✓	✓	✓			
Hygiene and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓			
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓	✓	✓	✓	✓			
Follow-up appointment, if indicated	✓	✓	✓	✓	✓	✓	✓			
Counseling regarding Rh typing										
Administration of Rh immune globulin, if indicated – unless patient signs a waiver or other arrangements for administration are documented										
Conscious sedation										
Frequent monitoring for verbal responses										
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used.										
Postanesthetic evaluation for proper anesthesia recovery before discharge										
Form 56108 – Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)										
Form 56113 – Certification of Provision of Perinatal Hospice Information										
Form 56114 – Disposition of Aborted Fetus										
Form 56115 – Available Counseling after an Abortion										

*AB failed N/V p pill - called emerg
 *Rescan - to Georgetown for surgical AB 10w 7d
 *Unable to verify parent & child - signature yes
 09/09/2016

* ab failed . . . 7w1d - . . . received pill .
rescan 10w4d - appt made in Merrillville
Surgical AB

Δ AB failed . . . 8w6d followup . . . ~~7w4d~~ failed 10w
rescan
Surgical AB on . . . @ Georgetown

ABORTION CLINIC NURSING TOUR

FACILITY Planned Parenthood SURVEYOR Tammy Berber RN

MED DIR _____ MANAGER _____ TOUR: DATE 03/05/18 TIME _____

STAFFING: R.N. 2 LPN 0 Tech 3 Ratio: 7 mgr.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Traffic pattern | <input checked="" type="checkbox"/> Soiled utility |
| <input checked="" type="checkbox"/> Dressing areas/staff/patients | <input checked="" type="checkbox"/> Linen Storage |
| <input checked="" type="checkbox"/> Adequate supplies/storage | <input checked="" type="checkbox"/> Handwashing sinks/toilets |
| <input checked="" type="checkbox"/> Clean utility | <input checked="" type="checkbox"/> preventive maintenance |

NUMBER OF PROCEDURE ROOMS _____

PROCEDURE/ANESTHESIA/RECOVERY AREAS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Scrub area | <input checked="" type="checkbox"/> Suction Equipment (if IV Sedation is used) |
| <input checked="" type="checkbox"/> Dress code adherence | <input checked="" type="checkbox"/> Other supplies/equipment specified by medical staff (if IV Sedation is used) |
| <input checked="" type="checkbox"/> Emergency call system | <input checked="" type="checkbox"/> IV equipment |
| <input checked="" type="checkbox"/> Oxygen/humidifier bottles | <input checked="" type="checkbox"/> Anesthesia agents used |
| <input checked="" type="checkbox"/> Resuscitation equipment | <input checked="" type="checkbox"/> Sharps disposal |
| <input checked="" type="checkbox"/> Defibrillators (if IV Sedation is used) | <input checked="" type="checkbox"/> Medication and narcotic storage/drug areas/stock supplies |
| <input checked="" type="checkbox"/> Cardiac Monitors (if IV Sedation is used) | |
| <input checked="" type="checkbox"/> Pulse Oximeters (if IV Sedation is used) | |

OTHER:

- ☒ Clean/dirty instrument/sterilization areas
- ☒ Sterilizers - Family Planning
- ☒ Chemical/biological indicators
- ☒ Waste disposal: All types

*dust on top of cabinet
3063 in exam rooms
and lab OK*

COMMENTS/INTERVIEWS:

*Rm. 4 Sono room / not in use now
med fridge OK - remove food from drawer
along biohazard*

Abortion Clinic
Nursing Document Request

- ✓ Patient list/register for June 2017 - Feb 2018 X Trsf 6m-ER
X List of all Nursing Personnel including agency for 6m ✓ Files 13/14/15 age
X Complaint Log for June-February ✓ return visits
✓ Incident Reports for June-February X Infections reported
✓ Charge IC- ✓ Aug# cases month-
30 or ↓

Personnel policies including;

- ☐ Policy for control of communicable diseases includes specific to TB
☐ Orientation and training of new employees, contract and agency personnel
☐ CPR policy
☐ Annual in-service requirements
☐ Annual competency for nursing and other personnel performing lab tests

Patient care/nursing policies and procedures including;

- ☒ Composition of and meeting minutes for the patient care personnel committee
☒ Reliable method of ID
☒ Instruction for follow up care and transportation—to include counseling, RH type and administration of Rhogam
☒ Reporting of post procedure complications and follow up
☒ Cleaning and sterilization of reusable equipment

Infection control program and policies including;

- ☒ Composition and meeting minutes of infection control committee
☒ Provision for active and effective Infection Control Program

X Sterilization policies and procedures including;

- ☒ Instructions for loading, operating, cleaning and maintaining sterilizers
☒ Instructions for cleaning packaging, storing, labeling and dispensing of sterile supplies
☒ Records of sterilization cycle and results of biological indicators in testing sterilization.
☒ Cleaning of environmental surfaces contaminated by blood or infectious material

X Anesthesia policies including;

- ☒ Safety rules to be followed
☒ Safety training required of personnel
☒ Preanesthesia, intraoperative and post anesthesia policies and requirements

Pharmacy services policies including;

- ☐ Records of stock supplies and accounting of all items
☐ Policies for drug handling, storing, labeling dispensing and administration
☐ Reporting of adverse reaction and medical errors
☐ Storage and security
☐ Formulary
☐ List of available emergency drugs



200 South Meridian Street, Suite 400, Indianapolis, IN 46225
Mailing Address: P.O. Box 397, Indianapolis, IN 46206-0397
p: 317.637.4343 · f: 317.637.4344
www.ppink.org

Planned Parenthood of Indiana and Kentucky

March 30, 2018

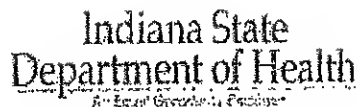
To Whom It May Concern:

Please see the enclosed Plan of Correction as a response to the Statement of Deficiencies report received March 28, 2018 for Planned Parenthood of Indiana and Kentucky's Lafayette Facility (#160137651).

Our contact for questions on these documents is

Kind Regards,

, Vice President of Patient Services



Eric J. Holcomb
Governor

Kristina Box, MD, FACOG
State Health Commissioner

March 26, 2018-

4A-07

Planned Parenthood Of Indiana-Merrillville
200 S. Meridian Street, Suite 400
Indianapolis, IN 46225

**NOTICE OF NON-COMPLIANCE
FACILITY# 170137651**

Dear ,

Enclosed please find the State Form "Statement of Deficiencies and Plan of Correction" report, listing each deficiency noted during the State Licensure survey conducted on March 7, 2018 at your facility. Your Plan of Correction on the State Form must be preceded by the appropriate ID prefix tag (TAG NUMBER).

Be sure that each individual Plan of Correction answers the following questions:

1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.
2. How are you going to prevent the deficiency from recurring in the future?
3. Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?
4. By what date are you going to have the deficiency corrected?
 - a. You must provide a specific date the deficiency will be or has been corrected (month, day, and year) in the "Completion Date" column. The maximum correction time allowed is thirty (30) days from the date of the Notice of Non-compliance.
 - b. If the nature of the deficiency precludes completion within the above-stated thirty (30) days, the Plan of Correction must be written in incremental thirty (30) day phases.

* Please assure that the survey form "Statement of Deficiencies and Plan of Correction" is signed on the first page under "Laboratory Director's or Provider/Supplier Representative's Signature".



2 North Meridian Street Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov

To promote and provide
essential public health services.

Page 2
March 26, 2018

Based on these findings, the Department has determined that Planned Parenthood Of Indiana And Kentucky, Inc., located at 964 Mezzanine Dr, Lafayette, Indiana is in violation of Indiana Code 410 IAC 15-2 and accompanying regulations.

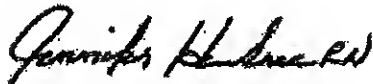
This will be the only Notice of Non-compliance issued by the Department. Failure to respond to this Notice within fifteen (15) days of the date of this letter may result in legal actions against this facility pursuant to Indiana Code 4-21.5 and 410 IAC 15-2. Such actions include, but are not limited to, a complaint for civil penalties of up to \$10,000.00 per day, per violation, injunctive relief and criminal sanctions. State law requires that this document becomes public information ten (10) days after you receive it.

The Department provides an Internal Dispute Resolution (IDR) process by which facilities may contest allegations contained in the Statement of Deficiencies. Planned Parenthood Of Indiana And Kentucky, Inc. - may petition the Division Director of Acute Care to implement the IDR procedure in writing. The petition must include the following:

1. Tag Number disputed;
2. Statute or regulation section;
3. A statement as to the exact nature of the dispute and the reasons for the dispute; and
4. A statement as to what result the facility is seeking (example deleted, tag code changed, tag eliminated).

In addition, the petition must be accompanied by any and all evidence and/or information that the facility believes is appropriate. This evidence or information may include, but be limited to, agency records, policies, documents, affidavits and other items that will aid the IDR Panel in reviewing the contested deficiencies. The petition must also be accompanied by a completed IDR Tracking Record, which is enclosed.

Sincerely,



JENNIFER HEMBREE RN
Nurse Surveyor Supervisor
Program Director Hospitals/ASCs
317/232-3095

Enclosures

**REGULATORY SERVICES
INFORMAL DISPUTE RESOLUTION (IDR) RECORD**

State Form 5005B (R/2-01)

***The facility requesting IDR must complete the unshaded portion of this page ONLY.**

Facility Name	State Facility ID #
Address	Provider #:
City, State Zip	Date Survey Completed
Licensee Name	Date Facility Requesting IDR:
Facility Contact Person	Phone:

NOTE: Carefully read the complete instructions in the document entitled "Informal Dispute Resolution (IDR) Instructions". Please list each tag (including the severity and scope) that is disputed below. In your Plan of Correction (POC), provide a brief description summarizing the specific reasons for the dispute for each Tag. You must state specifically what is disputed and why, specifically citing errors on the 2567 and where support for your position is located in supporting records, if any. Supporting documents should be labeled "Attachment A", "B", etc. Only documents that are pertinent and necessary to explain the facility's position will be considered. **DO NOT** submit excessive numbers of documents. **SELECT EITHER A PAPER REVIEW OR FACE TO FACE.**

DISPUTED TAG/CODE NUMBER: (INCLUDE SEVERITY & SCOPE)	CHECK ONE ONLY:	THIS SECTION FOR OFFICE USE ONLY:
	PAPER REVIEW _____	<div style="text-align: center;">RESOLUTION</div> <div style="padding-left: 10px;"> <input type="checkbox"/> No Change <input type="checkbox"/> Example(s) Deleted <input type="checkbox"/> Tag/Code Changed <input type="checkbox"/> Tag Deleted </div>
	FACE TO FACE _____	<div style="padding-left: 10px;"> <input type="checkbox"/> No Change <input type="checkbox"/> Example(s) Deleted <input type="checkbox"/> Tag/Code Changed <input type="checkbox"/> Tag Deleted </div>
		<div style="padding-left: 10px;"> <input type="checkbox"/> No Change <input type="checkbox"/> Example(s) Deleted <input type="checkbox"/> Tag/Code Changed <input type="checkbox"/> Tag Deleted </div>
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		<div style="padding-left: 10px;"> <input type="checkbox"/> No Change <input type="checkbox"/> Example(s) Deleted <input type="checkbox"/> Tag/Code Changed <input type="checkbox"/> Tag Deleted </div>

FOR OFFICE USE ONLY:

IDR REQUESTED DATE

IDR COMPLETED DATE

Planned Parenthood of Indiana and Kentucky, Lafayette Facility #160137651				
Response to ISDH Abortion Licensing Review conducted March 7, 2018				
Survey results received March 28, 2018				
Tag #	Problem Identified	Corrective Action	Responsibility	Date of Correction
144	Facility failed to provide an annual evaluation of 2 out of 3 eligible employees	PINK to develop more detailed policy on employee evaluations, policy to include timeline All employees to have completed annual evaluation by July 1, 2018	Human Resources Team and Health Center Manager	Policy to be completed by April 30, 2018; evaluations to be completed by June 30, 2018

Planned Parenthood of Indiana and Kentucky, Lafayette Facility #160137651

Response to ISDH Abortion Licensing Review conducted March 7, 2018

Survey results received March 28, 2018

Tag #	Problem Identified	Corrective Action	Responsibility	Date of Correction
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Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013765	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/07/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KE			STREET ADDRESS, CITY, STATE, ZIP CODE 984 MEZZANINE DR LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 000	INITIAL COMMENTS This visit was for a State licensure survey. Facility Number: 013765 Dates of Survey: 3/5/2018 to 3/7/2018 QA: 3/15/2018	T 000			
T 144	410 IAC 26-8-1 PERSONNEL POLICIES AND RECORDS 410 IAC 26-8-1(c)(1) (c) The clinic must do the following: (1) Maintain current job descriptions with reporting responsibilities for all personnel and annual performance evaluations, based on the job description, for each employee and contract and agency personnel. This RULE is not met as evidenced by: Based on document review and interview the facility failed to provide an annual evaluation of 2 out of 3 eligible employees. 1. Review of the 2015 Planned Parenthood Employee Handbook indicated on page 10 under Performance Evaluations that employees may receive an annual performance evaluation by their immediate supervisor and may be asked to complete a self-evaluation. Evaluations are kept	T 144			

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013765	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/07/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF INDIANA AND KE			STREET ADDRESS, CITY, STATE, ZIP CODE 964 MEZZANINE DR LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 144	Continued From page 1 in the employee's personnel file. 2. Review of P50, Health Care Manager's job description indicates under Essential Functions: Prepares disciplinary and performance improvement documents independently and provides indicated management follow-up. 3. Review of P50 and P52, Health Care Assistant personnel files lacked documentation of an evaluation completed in 2017 or 2018. 4. Interview with P50 and P58, Director of Clinical Services on 03/06/18 at 3:20 pm confirmed lack of evaluations in P50's and P52's personnel file and they were not done.	T 144			



200 South Meridian Street, Suite 400, Indianapolis, IN 46225
Mailing Address: P.O. Box 397, Indianapolis, IN 46206-0397
p: 317.637.4343 • f: 317.637.4344
www.ppink.org

Planned Parenthood of Indiana and Kentucky

March 30, 2018

To Whom It May Concern:

Please see the enclosed Plan of Correction as a response to the Statement of Deficiencies report received March 28, 2018 for Planned Parenthood of Indiana and Kentucky's Lafayette Facility (#160137651).

Our contact for questions on these documents is

1.

Kind Regards,

1, Vice President of Patient Services



Eric J. Holcomb
Governor

Kristina Box, MD, FACOG
State Health Commissioner

March 26, 2018

4A-07

Planned Parenthood Of Indiana-Merrillville
200 S. Meridian Street, Suite 400
Indianapolis, IN 46225

**NOTICE OF NON-COMPLIANCE
FACILITY# 170137651**

Dear

Enclosed please find the State Form "Statement of Deficiencies and Plan of Correction" report, listing each deficiency noted during the State Licensure survey conducted on March 7, 2018 at your facility. Your Plan of Correction on the State Form must be preceded by the appropriate ID prefix tag (TAG NUMBER).

Be sure that each individual Plan of Correction answers the following questions:

1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.
2. How are you going to prevent the deficiency from recurring in the future?
3. Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?
4. By what date are you going to have the deficiency corrected?
 - a. You must provide a specific date the deficiency will be or has been corrected (month, day, and year) in the "Completion Date" column. The maximum correction time allowed is thirty (30) days from the date of the Notice of Noncompliance.
 - b. If the nature of the deficiency precludes completion within the above-stated thirty (30) days, the Plan of Correction must be written in incremental thirty (30) day phases.

* Please assure that the survey form "Statement of Deficiencies and Plan of Correction" is signed on the first page under "Laboratory Director's or Provider/Supplier Representative's Signature".



2 North Meridian Street Indianapolis, IN 46204
317.233.1325 tdd 317.233.6577
www.statehealth.in.gov

To promote and provide
essential public health services

Page 2
March 26, 2018

Based on these findings, the Department has determined that Planned Parenthood Of Indiana And Kentucky, Inc -, located at 964 Mezzanine Dr, Lafayette, Indiana is in violation of Indiana Code 410 IAC 15-2 and accompanying regulations.

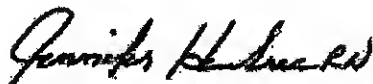
This will be the only Notice of Non-compliance issued by the Department. Failure to respond to this Notice within fifteen (15) days of the date of this letter may result in legal actions against this facility pursuant to Indiana Code 4-21.5 and 410 IAC 15-2. Such actions include, but are not limited to, a complaint for civil penalties of up to \$10,000.00 per day, per violation, injunctive relief and criminal sanctions. State law requires that this document becomes public information ten (10) days after you receive it.

The Department provides an Internal Dispute Resolution (IDR) process by which facilities may contest allegations contained in the Statement of Deficiencies. Planned Parenthood Of Indiana And Kentucky, Inc - may petition the Division Director of Acute Care to implement the IDR procedure in writing. The petition must include the following:

1. Tag Number disputed;
2. Statute or regulation section;
3. A statement as to the exact nature of the dispute and the reasons for the dispute; and
4. A statement as to what result the facility is seeking (example deleted, tag code changed, tag eliminated).

In addition, the petition must be accompanied by any and all evidence and/or information that the facility believes is appropriate. This evidence or information may include, but be limited to, agency records, policies, documents, affidavits and other items that will aid the IDR Panel in reviewing the contested deficiencies. The petition must also be accompanied by a completed IDR Tracking Record, which is enclosed.

Sincerely,



JENNIFER HEMBREE RN
Nurse Surveyor Supervisor
Program Director Hospitals/ASCs
317/232-3095

Enclosures

REGULATORY SERVICES INFORMAL DISPUTE RESOLUTION (IDR) RECORD

State Form 50058 (R/2-01)

*The facility requesting IDR must complete the unshaded portion of this page ONLY.

Facility Name	State Facility ID #
Address	Provider #:
City, State Zip	Date Survey Completed
Licensee Name	Date Facility Requesting IDR:
Facility Contact Person	Phone:

NOTE: Carefully read the complete instructions in the document entitled "Informal Dispute Resolution (IDR) Instructions". Please list each tag (including the severity and scope) that is disputed below. In your Plan of Correction (POC), provide a brief description summarizing the specific reasons for the dispute for each Tag. You must state specifically what is disputed and why, specifically citing errors on the 2567 and where support for your position is located in supporting records, if any. Supporting documents should be labeled "Attachment A", "B", etc. Only documents that are pertinent and necessary to explain the facility's position will be considered. DO NOT submit excessive numbers of documents. SELECT EITHER A PAPER REVIEW OR FACE TO FACE.

DISPUTED TAG/CODE NUMBER: (INCLUDE SEVERITY & SCOPE)

CHECK ONE ONLY:

PAPER REVIEW _____

FACE TO FACE _____

THIS SECTION FOR OFFICE USE ONLY:
RESOLUTION
<input type="checkbox"/> No Change <input type="checkbox"/> Example(s) Deleted <input type="checkbox"/> Tag/Code Changed <input type="checkbox"/> Tag Deleted
<input type="checkbox"/> No Change <input type="checkbox"/> Example(s) Deleted <input type="checkbox"/> Tag/Code Changed <input type="checkbox"/> Tag Deleted
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FOR OFFICE USE ONLY:

IDR REQUESTED DATE

IDR COMPLETED DATE

WOMEN'S MED GROUP PROFESSIONAL CORPORATION
1201 N. ARLINGTON AVENUE
INDIANAPOLIS, INDIANA

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	INITIAL COMMENTS This visit was for a state licensure survey. Facility Number: 011128 Survey Date: 04-02-2018 to 04-04-2018 QA: 4/12/18	T 000		
T 098	410 IAC 26-8-1 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 26-8-1(a)(2) The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following: (2) All functions, including, but not limited to, the following: (A) Discharge. (B) Transfer. (C) Infection control. (D) Response to patient emergencies. This RULE is not met as evidenced by: Based on document review and Interview, the facility failed to include response to patient emergencies in its quality assurance and performance improvement program (QAPI) for calendar year 2017. Findings include:	T 098		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WNO: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46218		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 098	Continued From page 1 1. Review of the clinic's QAPI program for calendar year 2017 indicated it did not include response to patient emergencies 2. In interview on 04-04-2018 at 5:15 pm, employee #A1, Assistant Director, confirmed the above and no other documentation was provided prior to exit.	T 098		
T 134	410 IAC 26-7-2 MEDICAL RECORDS 410 IAC 26-7-2(c) (c) Patient records for surgical abortions must document and contain, at a minimum, the following: (1) Patient identification. (2) Appropriate medical history. (3) Results of the following: (A) A physical examination. (B) Diagnostic or laboratory studies, or both (if performed). (4) Any allergies and abnormal drug reactions. (5) Entries related to anesthesia administration. (6) Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. (7) A report describing techniques, findings, and tissue removed or altered. (8) Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient. (9) Condition on discharge, disposition of the patient, and time of discharge. (10) Discharge entry to include instructions to the patient or patient's legal representative.	T 134		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MEO GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 134	<p>Continued From page 2</p> <p>(11) A copy of the following: (A) The transfer form if the patient was referred to a hospital or other facility. (B) The terminated pregnancy report filed with the department. (12) Any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.</p> <p>This RULE is not met as evidenced by: Based on document review and interview the facility failed to ensure a copy of the terminated pregnancy report was in the medical record (MR) in 25 of 25 medical records reviewed (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 and 25).</p> <p>Findings Include:</p> <p>1. Review of patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 and 25's medical records lacked documentation of a terminated pregnancy report state form 56114.</p> <p>2. Interview on 4/4/2018, at approximately 12:30 pm with N1 (Registered Nurse, Assistant Director) confirmed facility had not included a state form 56114 in the medical records.</p>	T 134		
T 140	<p>410 IAC 26-8-1 PERSONNEL POLICIES AND RECORDS</p> <p>410 IAC 26-8-1(a)(2)</p>	T 140		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 140	<p>Continued From page 3</p> <p>(a) The abortion clinic shall maintain current and accurate personnel records for all employees. Personnel records shall:</p> <p>(2) Include personal data to include:</p> <p>(A) education;</p> <p>(B) experience;</p> <p>(C) date of employment;</p> <p>(D) a copy of current license when required;</p> <p>(E) evidence of participation in job-related educational and training activities; and</p> <p>(F) health records of employees that relate to post offer and subsequent:</p> <p>(i) physical examinations;</p> <p>(ii) tests; and</p> <p>(iii) immunizations.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure physical examination for 2 (S1, and S5) personnel files of 6 personnel files reviewed.</p> <p>Finding Include:</p> <p>1. Review of facility policy, Safety, revised 3/1/2018, Indicated the following, the record contains the following on each employee, name and social security number, a copy of the hepatitis vaccination series status including dates and information relative to the employee's ability to receive the vaccination, copies of annual immunizations and TB testing or exam, a copy of employee accidents reports, a copy of all occupational examination results, medical testing</p>	T 140		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
T 140	Continued From page 4 and follow-up procedures, the employer's copy of the healthcare professional's written opinion, a copy of information provided to the healthcare professional, records of occupational exposure monitoring, records of occupational safety training and records of any other occupational medicine intervention. 2. Review of personnel files indicated the following, S1 (Medical Assistant) and S5 (Licensed Practical Nurse), lacked documentation of Physical Examination. 3. Interview on 4/3/2018, at approximately 9:50 am, with N1 (Registered Nurse, Assistant Director) confirmed the above.	T 140		
T 168	410 IAC 26-8-3 PERSONNEL POLICIES AND RECORDS 410 IAC 26-8-3(b) (b) The clinic shall ensure cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and clinic policy for all health care workers including contract and agency personnel who provide direct patient care. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow its policy to ensure cardiopulmonary resuscitation (CPR) competence in accordance with clinic policy for 1 of 2 physician credential files reviewed and 2 of 6 employee files reviewed.	T 168		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 168	Continued From page 5 1. Review of a facility document titled Employee Safety Handbook, approved 03/01/18, indicated the Safety Manager maintains a record of each employee's training in basic CPR and BLS [basic life safety]. Further review of the document indicated the Safety Manager ensures that physicians maintain currency (sic) in Provider ACLS [advanced cardiac life support]. 2. Review of 2 physician credential files indicated file MD#2, Gynecologist, had documentation of ACLS that expired 3/20/2016, not current per facility policy. 3. Review of employee files indicated file S1, Medical Assistant, and S5, Licensed Practical Nurse, lacked documentation of CPR competence per facility policy. 3. In interview on 04-04-2018 at approximately 5:15 pm, employee #A1, Assistant Director, confirmed all the above and no other documentation was provided prior to exit.	T 168		
T 206	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(a)(1) (a) The clinic must do the following: (1) Provide a safe and healthful environment that minimizes infection exposure and risk to the following: (A) Patients. (B) Health care workers. (C) Persons who accompany patients.	T 206		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46218		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 206	<p>Continued From page 6</p> <p>This RULE is not met as evidenced by: Based on document review, observation and interview, the facility failed to ensure a safe and healthful environment that minimizes infection exposure and risk in patients in three instances.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of Hemocue Operating Manual Indicated the following, the cover may be cleaned with alcohol or a mild soap solution. 2. On observation 4/2/2018, at approximately 2:27 pm with N1 (Registered Nurse, Assistant Director) the following was observed, a cardboard note with brownish colored droplets taped on hemocue cover. 3. Interview on 4/2/2018, at approximately 2:47 pm, with N1, confirmed there was brownish colored droplets on cardboard note taped to hemocue cover. 4. On observation 4/2/2018, at approximately 3:15 pm, with N1 (Registered Nurse, Assistant Director) the following was observed washer and dryer in back of storage room. Floor of room with sticky lines of material (appears to be old flooring, glue) which could not be properly cleaned. Dirt and debris under shelves with sterile supplies including, gloves, cytology brushes and cotton tip applicators stored on the shelves. 5. Interview on 4/2/2018, at approximately 3:15 pm with N1, confirmed the dirty laundry was brought into storage room and loaded into machines, the floor was covered in sticky lines and sterile supplies were stored on shelves. 	T 206		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 206	Continued From page 7 6. Review of facility policy, Women's Med, revised 12/6/2017, indicated the following, Inventory Management, ensures items do not expire before being used. 7. On observation 4/2/2018, at approximately 3:27 pm, with N1 (Registered Nurse, Assistant Director) the following was observed 1 box of 23G needles expired in 2001-08, containing 22 needles. 8. Interview on 4/2/2018, at approximately 3:27 pm with N1, confirmed the expired needles.	T 206		
T 234	410 IAC 26-11-2 INFECTION CONTROL PROGRAM 410 IAC 26-11-2(a) (a) Sterilization of equipment and supplies must be provided, within the scope of the service offered, in accordance with acceptable standards of practice or manufacturer's recommendations and applicable state laws and rules (to include 410 IAC 1-4, Universal Precautions). This RULE is not met as evidenced by: Based on document review, interview and observation, the facility failed to ensure facility policy was followed regarding cleaning of instruments in one facility. Findings include:	T 234		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 234	Continued From page 8 1. Review of facility policy, Safety, revised 3/1/2017, indicated the following, immerse instruments in a enzymatic cleaner/lubricant (such as Metri Clean) for 5 minutes following the manufacturer's directions for preparation and use. 2. Observation on 4/2/2018, at approximately 4:25 pm with N1 (Registered Nurse, Assistant Director) the following was observed. Metri Clean 2 in instrument processing area. Review of the Metri Clean 2 label indicated it was not an enzymatic cleaner. 3. Interview with on 4/2/2018, at approximately 4:25 pm, with N2 (Medical Assistant) confirmed Metri Clean 2 was used to clean instruments. 4. Interview on 4/2/2018, at approximately 4:34 pm, with N1 confirmed Metri Clean 2 instrument cleaner was not enzymatic.	T 234		
T 322	410 IAC 26-16-1 PHARMECEUTICAL SERVICES 410 IAC 26-16-1(3)(A) The clinic must provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice. The clinic must have the following: (3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following: (A) Drug: (i) handling; (ii) storing;	T 322		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 322	<p>Continued From page 9</p> <p>(iii) labeling; (iv) dispensing; and (v) administration according to established clinic policies and acceptable standards of practice.</p> <p>This RULE is not met as evidenced by: Based on document review, observation and interview the facility failed to implement policy related to medications in one facility.</p> <p>Findings include:</p> <p>1. Review of facility policy, Medical, revised 12/7/2017, indicated the following, every staff member removes conditions that are unsafe to patients immediately, and then notifies their supervisor. Act first, communicate second. Such unsafe conditions include: expired drugs or laboratory reagents, improper staff actions, faulty equipment, etc... The Head Nurse oversees that all nursing staff adhere to best practices and standards of care in the handling, packaging, administering and handing out of medication. ...discards all drugs that will expire in the coming month.</p> <p>2. On observation 4/2/2018, at approximately 3:27 pm, in the medication room, with N1 (Registered Nurse, Assistant Director) the following was observed. 4 vials of diazepam 5mg/ml, 10 ml, 2 expired 9/2017, and 2 expired 12/2017, not included in count. Inside a box marked needles was a plastic bag which contained blue paper taped shut which contained 5 vials of Gentamicin 80 mg/2ml, expired</p>	T 322		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOMEN'S MEO GROUP PROFESSIONAL CORPORAT

1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 322	Continued From page 10 3/1/2015. 3. Interview on 4/2/2018, at approximately 3:47 pm, with N1 confirmed the above.	T 322		
T 404	410 IAC 26-17-3 PHYS. PLANT, MAINT., EQUIP., ENVIR., SAFETY 410 IAC 26-17-3(2) The condition of the physical plant and the overall clinic environment must be developed and maintained in such a manner that the safety and well-being of patients is assured as follows: (2) No condition may be created or maintained that may result in a hazard to: (A) patients; (B) authorized visitors; or (C) employees. This RULE is not met as evidenced by: Based on observation, interview, and document review, the facility failed to have appropriate equipment to use a caustic chemical substance according to manufacturer's instructions in 3 instances. Findings Include: 1. On 04-02-2018 at approximately 4:35 pm, in the presence of employee #A1, Assistant Director, it was observed in the product of conception processing area a chemical, MetriClean 2, was stored. 2. In interview on the above date and time,	T 404		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46218		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
T 404	<p>Continued From page 11</p> <p>employee #A1 indicated the chemical was used when processing product of conception.</p> <p>3. Review of the label on the bottle of MetriClean 2, a caustic chemical, indicated there were manufacturer's instructions which indicated First Aid Measures: EYES - Flush immediately with water for 20-30 minutes.</p> <p>4. Review of the OSHA (Occupational and Safety Health Administration) hazard communication program indicated in general standard 1910.151 when necessary, facilities for drenching or flushing the eyes shall be provided within the work area for immediate emergency use. In applying these general terms, OSHA would consider the guidelines set by such sources as American National Standards Institute (ANSI) Z358.1 -1998, Emergency Eyewash and Shower Equipment, which indicated in section 7.4.4, that eyewash facilities are to be located to require no more than 10 seconds to reach but where a strong acid or a caustic chemical is used, the unit should be immediately adjacent to the hazard.</p> <p>5. On the above-stated date, time, place, and presence of employee #A1, it was observed there was no eyewash facility immediately adjacent to the area where the caustic chemical was used.</p> <p>6. On 04-02-2018 at approximately 4:40 pm, in the presence of employee #A1, Assistant Director, it was observed in Operating Room 1 there was an electrical outlet on a wall which had a broken plug receptacle. This posed an electrical hazard if an electrical plug was not properly seated in the receptacle.</p> <p>7. On 04-02-2018 at approximately 4:40 pm, in the presence of employee #A1, it was observed</p>	T 404		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MEO GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
T 404	Continued From page 12 In Operating Room 1 on another wall, there was an alcohol-based hand sanitizer (ABHS) on the wall directly over an electrical outlet. This posed a fire hazard if the flammable alcohol in the sanitizer was sprayed or dropped into the electrical ignition source.	T 404			

07/10/18

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

WOMEN'S MED GROUP PROFESSIONAL CORPORAT 1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 098	Continued From page 1 calendar year 2017. Findings include: 1. Review of the clinic's QAPI program for calendar year 2017 indicated it did not include response to patient emergencies 2. In interview on 04-04-2018 at 5:15 pm, employee #A1, Assistant Director, confirmed the above and no other documentation was provided prior to exit.	T 098		
T 140	410 IAC 28-8-1 PERSONNEL POLICIES AND RECORDS 410 IAC 28-8-1(a)(2) (a) The abortion clinic shall maintain current and accurate personnel records for all employees. Personnel records shall: (2) Include personal data to include: (A) education; (B) experience; (C) date of employment; (D) a copy of current license when required; (E) evidence of participation in job-related educational and training activities; and (F) health records of employees that relate to post offer and subsequent: (i) physical examinations; (ii) tests; and (iii) immunizations.	T 140		5/23/18
	This RULE is not met as evidenced by: Based on document review and interview, the			

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
T 140	Continued From page 2 facility failed to ensure physical examination for 2 (S1, and S5) personnel files of 6 personnel files reviewed. Finding Include: 1. Review of facility policy, Safety, revised 3/1/2018, Indicated the following, the record contains the following on each employee, name and social security number, a copy of the hepatitis vaccination series status including dates and information relative to the employee's ability to receive the vaccination, copies of annual immunizations and TB testing or exam, a copy of employee accidents reports, a copy of all occupational examination results, medical testing and follow-up procedures, the employer's copy of the healthcare professional's written opinion, a copy of information provided to the healthcare professional, records of occupational exposure monitoring, records of occupational safety training and records of any other occupational medicine intervention. 2. Review of personnel files indicated the following, S1 (Medical Assistant) and S5 (Licensed Practical Nurse), lacked documentation of Physical Examination. 3. Interview on 4/3/2018, at approximately 9:50 am, with N1 (Registered Nurse, Assistant Director) confirmed the above.	T 140			
T 168	410 IAC 26-8-3 PERSONNEL POLICIES AND RECORDS 410 IAC 26-8-3(b)	T 168			5/23/18

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 168	<p>Continued From page 3</p> <p>(b) The clinic shall ensure cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and clinic policy for all health care workers including contract and agency personnel who provide direct patient care.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow its policy to ensure cardiopulmonary resuscitation (CPR) competence in accordance with clinic policy for 1 of 2 physician credential files reviewed and 2 of 6 employee files reviewed.</p> <p>1. Review of a facility document titled Employee Safety Handbook, approved 03/01/18, indicated the Safety Manager maintains a record of each employee's training in basic CPR and BLS [basic life safety]. Further review of the document indicated the Safety Manager ensures that physicians maintain currency (sic) in Provider ACLS [advanced cardiac life support].</p> <p>2. Review of 2 physician credential files indicated file MD#2, Gynecologist, had documentation of ACLS that expired 3/20/2016, not current per facility policy.</p> <p>3. Review of employee files indicated file S1, Medical Assistant, and S5, Licensed Practical Nurse, lacked documentation of CPR competence per facility policy.</p> <p>3. In interview on 04-04-2018 at approximately 5:15 pm, employee #A1, Assistant Director,</p>	T 168		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 168	Continued From page 4 confirmed all the above and no other documentation was provided prior to exit.	T 168		
T 206	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(a)(1) (a) The clinic must do the following: (1) Provide a safe and healthful environment that minimizes infection exposure and risk to the following: (A) Patients. (B) Health care workers. (C) Persons who accompany patients. This RULE is not met as evidenced by: Based on document review, observation and Interview, the facility failed to ensure a safe and healthful environment that minimizes infection exposure and risk in patients in three instances. Findings include: 1. Review of Hemocue Operating Manual Indicated the following, the cover may be cleaned with alcohol or a mild soap solution. 2. On observation 4/2/2018, at approximately 2:27 pm with N1 (Registered Nurse, Assistant Director) the following was observed, a cardboard note with brownish colored droplets taped on hemocue cover. 3. Interview on 4/2/2018, at approximately 2:47 pm, with N1, confirmed there was brownish colored droplets on cardboard note taped to	T 206		5/30/18

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 206	Continued From page 5 hemocue cover. 4. On observation 4/2/2018, at approximately 3:15 pm, with N1 (Registered Nurse, Assistant Director) the following was observed washer and dryer in back of storage room. Floor of room with sticky lines of material (appears to be old flooring glue) which could not be properly cleaned. Dirt and debris under shelves with sterile supplies including, gloves, cytology brushes and cotton tip applicators stored on the shelves. 5. Interview on 4/2/2018, at approximately 3:15 pm with N1, confirmed the dirty laundry was brought into storage room and loaded into machines, the floor was covered in sticky lines and sterile supplies were stored on shelves. 6. Review of facility policy, Women's Med, revised 12/6/2017, indicated the following, Inventory Management, ensures items do not expire before being used. 7. On observation 4/2/2018, at approximately 3:27 pm, with N1 (Registered Nurse, Assistant Director) the following was observed 1 box of 23G needles expired in 2001-08, containing 22 needles. 8. Interview on 4/2/2018, at approximately 3:27 pm with N1, confirmed the expired needles.	T 206		
T 234	410 IAC 26-11-2 INFECTION CONTROL PROGRAM 410 IAC 26-11-2(a) (a) Sterilization of equipment and supplies must be provided, within the scope of the service	T 234		5/23/18

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 234	<p>Continued From page 6</p> <p>offered, in accordance with acceptable standards of practice or manufacturer ' s recommendations and applicable state laws and rules (to include 410 IAC 1-4, Universal Precautions).</p> <p>This RULE is not met as evidenced by: Based on document review, interview and observation, the facility failed to ensure facility policy was followed regarding cleaning of instruments in one facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of facility policy, Safety, revised 3/1/2017, indicated the following, immerse instruments in a enzymatic cleaner/lubricant (such as Metri Clean) for 5 minutes following the manufacturer's directions for preparation and use. 2. Observation on 4/2/2018, at approximately 4:25 pm with N1 (Registered Nurse, Assistant Director) the following was observed. Metri Clean 2 in instrument processing area. Review of the Metri Clean 2 label indicated it was not an enzymatic cleaner. 3. Interview with on 4/2/2018, at approximately 4:25 pm, with N2 (Medical Assistant) confirmed Metri Clean 2 was used to clean instruments. 4. Interview on 4/2/2018, at approximately 4:34 pm, with N1 confirmed Metri Clean 2 instrument cleaner was not enzymatic. 	T 234		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 322	Continued From page 7.	T 322		
T 322	410 IAC 26-16-1 PHARMECEUTICAL SERVICES 410 IAC 26-16-1(3)(A) The clinic must provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice. The clinic must have the following: (3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following: (A) Drug: (i) handling; (ii) storing; (iii) labeling; (iv) dispensing; and (v) administration according to established clinic policies and acceptable standards of practice. This RULE is not met as evidenced by: Based on document review, observation and interview the facility failed to implement policy related to medications in one facility. Findings include: 1. Review of facility policy, Medical, revised 12/7/2017, indicated the following, every staff member removes conditions that are unsafe to patients immediately, and then notifies their supervisor. Act first, communicate second. Such	T 322		4/5/18

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 322	Continued From page 8 unsafe conditions include: expired drugs or laboratory reagents, improper staff actions, faulty equipment, etc... The Head Nurse oversees that all nursing staff adhere to best practices and standards of care in the handling, packaging, administering and handing out of medication. ...discards all drugs that will expire in the coming month. 2. On observation 4/2/2018, at approximately 3:27 pm, in the medication room, with N1 (Registered Nurse, Assistant Director) the following was observed. 4 vials of diazepam 5mg/ml, 10 ml, 2 expired 9/2017, and 2 expired 12/2017, not included in count. Inside a box marked needles was a plastic bag which contained blue paper taped shut which contained 5 vials of Gentamicin 80 mg/2ml, expired 3/1/2015. 3. Interview on 4/2/2018, at approximately 3:47 pm, with N1 confirmed the above.	T 322		
T 404	410 IAC 26-17-3 PHYS. PLANT, MAINT., EQUIP., ENVIR., SAFETY 410 IAC 26-17-3(2) The condition of the physical plant and the overall clinic environment must be developed and maintained in such a manner that the safety and well-being of patients is assured as follows: (2) No condition may be created or maintained that may result in a hazard to: (A) patients; (B) authorized visitors; or (C) employees.	T 404		4/25/18

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MEO GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 404	<p>Continued From page 9</p> <p>This RULE is not met as evidenced by: Based on observation, interview, and document review, the facility failed to have appropriate equipment to use a caustic chemical substance according to manufacturer's instructions in 3 instances.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 04-02-2018 at approximately 4:35 pm, in the presence of employee #A1, Assistant Director), It was observed in the product of conception processing area a chemical, MetriClean 2, was stored. 2. In interview on the above date and time, employee #A1 indicated the chemical was used when processing product of conception. 3. Review of the label on the bottle of MetriClean 2, a caustic chemical, indicated there were manufacturer's instructions which indicated First Aid Measures: EYES - Flush immediately with water for 20-30 minutes. 4. Review of the OSHA (Occupational and Safety Health Administration) hazard communication program indicated in general standard 1910.151 when necessary, facilities for drenching or flushing the eyes shall be provided within the work area for immediate emergency use. In applying these general terms, OSHA would consider the guidelines set by such sources as American National Standards Institute (ANSI) Z358.1 -1998, Emergency Eyewash and Shower Equipment, which indicated in section 7.4.4, that eyewash facilities are to be located to require no more than 10 seconds to reach but where a 	T 404		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED GROUP PROFESSIONAL CORPORAT		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 404	<p>Continued From page 10</p> <p>strong acid or a caustic chemical is used, the unit should be immediately adjacent to the hazard.</p> <p>5. On the above-stated date, time, place, and presence of employee #A1, it was observed there was no eyewash facility immediately adjacent to the area where the caustic chemical was used.</p> <p>6. On 04-02-2018 at approximately 4:40 pm, in the presence of employee #A1, Assistant Director, it was observed in Operating Room 1 there was an electrical outlet on a wall which had a broken plug receptacle. This posed an electrical hazard if an electrical plug was not properly seated in the receptacle.</p> <p>7. On 04-02-2018 at approximately 4:40 pm, in the presence of employee #A1, it was observed in Operating Room 1 on another wall, there was an alcohol-based hand sanitizer (ABHS) on the wall directly over an electrical outlet. This posed a fire hazard if the flammable alcohol in the sanitizer was sprayed or dropped into the electrical ignition source.</p>	T 404		

Women's Med Group Abortion Clinic
Administrative Document Request

Jack Cohen
4-2-2018

List of credentialed staff for _____

List of non-nursing Personnel for _____

- ☒ 0028 - ☐ Ownership—copy of articles of incorporation
- ☒ 0094 - ☐ Quality assurance plan and documents to include all services/function/contracts
- ☒ 0078 - ☐ List of contracts with scope and nature of services
- ☒ 0040 - ☐ Constitution and bylaws of governing body (if applicable) N/A
- ☒ 0026 - ☐ Minutes of governing body (if applicable) 2017 N/A
- ☒ 0038 - ☐ Process for reporting health professionals
- ☒ 0092 - ☐ Written policy addressing internal review of unusual occurrences and disasters

Medical Staff Rules including:

- ☒ 0086 - ☐ Procedures for emergency, initial treatment, transfer
- ☒ 0178 - ☐ History and physical
- ☒ 0118, 0134, 0182 - Authentication of orders, who may take verbal orders
- ☒ 0260 - ☐ Policy and procedure for communication with and timely response of physicians concerning a pt emergency
- ☒ 0090 - ☐ Health care worker practice problems
- ☒ 0172 - ☐ Physician Credentialing (if physician performs procedures): verify admitting privileges in writing OR a written agreement with another physician with admitting privileges. The document(s) must be present in the clinic.

Medical records policies including;

- ☒ 0108 - ☐ Policies assuring documentation of care and services provided
- ☒ 0110 - ☐ Policies for safeguarding records from sources of damage
- ☒ 0112 - ☐ Maintenance of records for appropriate time frame
- ☒ 0118 - ☐ Authentication and security of record
- ☒ 0122 - ☐ Use of plain paper fax
- ☒ 0126 - ☐ Confidentiality
- ☒ 0126 - ☐ Release of information
- ☒ 0252 - Laundry policies
- ☒ 0300 - Dietary policies (if applicable) N/A

Lab policies including;

- ☒ 0310 - ☐ CLIA certificate or waived
- ☒ 0316 - ☐ Quality control and QA policies for complexity of tests

Physical plant/ Safety policies including;

- ☒ 0406, 0416 - ☐ Preventative maintenance policies/logs
- ☒ 0418 - ☐ Repairs and electrical leakage checks
- ☒ 0432, 0436, 0438 - ☐ Housekeeping and infectious waste policies
- ☒ 0406, 0430 - ☐ Equipment inspection
- ☒ 0403, 0430 - ☐ Vermin Control
- ☒ 0422, 0424 - ☐ Building operations
- ☒ 0430 - ☐ Chemical substance use/storage
- ☒ 0430 - ☐ Surgical waste disposal
- ☒ 0430 - ☐ General housekeeping
- ☒ 0436, 0438 - ☐ Fire control plan AND Evidence of state or local fire inspection
- ☒ 0440 - ☐ Emergency/disaster preparedness

Ref doc (A) 4-2 930

✓ - Reviewed 4-2

* - Reviewed 4-4

Date 4-2-2018

"none" - confirmed
interview (41) 4-45¹⁵, no
other doc by ext

SURVEYOR NOTES WORKSHEET

Facility Name: Women's Med Clinic

Surveyor Name: Jack I. Cohen

Provider Number: 011128

Surveyor Number: 17294

Discipline: Med Sur

Observation Dates: From 4-2-2018 To 4-2-2018

TAG/CONCERNS	DOCUMENTATION
--------------	---------------

ABORTION CLINIC DOCUMENT REQUEST - PHYSICAL PLANT WORKSHEET CLINICAL & NON-CLINICAL EQUIPMENT

Type	Tag 0406 Maint Sched	Tag 0408 PM	Tag 0410 Triennial Review
Heating	X	X	X
Ventilation	X	X	X
Air Conditioning	X	X	X
Emergency Generator	NA	NA	NA
Emerg Power Source	✓	✓	✓
Fire Alarm	X	+	X
Smoke Detector	+	+	+
Sprinkler System	NA	NA	NA

Type	Tag 0414 Maint Sched	Tag 0416 PM	Tag 0418 Electr Check	Tag 0418 Triennial Review
Anesthesia Machine	NA	NA	NA	NA
Cardiac Monitor	NA	NA	NA	NA
Centrifuge	✓	✓	✓	✓
Defibrillator - AED	✓	✓	NA	X
Emerg Call Code Syst	✓	X	NA	X
Patient Exam Light	✓	✓	✓	X
Patient Scale	✓	✓	✓	X
Recovery Chair	✓	✓	✓	X
Sterilizer	✓	✓	✓	X
Suction Machine	✓	✓	✓	X
Surgical/Exam Table	✓	✓	✓	X
Ultrasound	X	X	X	X
Wheelchair	✓	✓	NA	

NA - do not have equipment

NR - not responsible, as equipment maintenance is responsibility of lessor

no issues

FIRE DRILLS Tag 0436 - At least 1 per year - 2017 3-15-17

Requested: Date 4-2 Time 9:30 Of Whom (A1)

Reviewed: Date 4-2 Time 4-4

SURVEYOR NOTES WORKSHEET

Facility Name: Women's Med Clinic

Surveyor Name: Jack I. Cohen

Provider Number: 011128

Surveyor Number: 17294 Discipline: Med Sur

Observation Dates: From 4-2-2018 to _____

TAG/CONCERNS	DOCUMENTATION
--------------	---------------

QA/PI MONITORS

	Monitor		Standard		Gov Bd QA Reports		On List of Contracts	
	Y	N	Y	N	Y	N	Y	N
• Biohazardous Waste <u>Contract</u>								
• Biomedical PM <u>Contract</u>								
• Employ Oee Health <u>Contract</u>								
Housekeeping - <u>in house</u>								
in house								
Lab <u>Contract</u>								
Laundry/Linen - <u>in house</u>								
Medical Records <u>in house</u>								
Maintenance <u>Contract</u>								
Nursing <u>in house</u>								
Pharmacy <u>in house</u>								
Security <u>Contract</u>								
Discharges								
Transfers								
Infection Control								
Response to Patient Emergencies								
Medical & Medication Errors								
Reportable Events								

Dates Governing Board Reviewed Every 6 Months 2017

Requested: Date 4-2 Time 9:30 Of Whom (AI)

Reviewed Date 4-4 Time _____

none confirm interview
(AI) 4-4 5:15 no other
data by ext

ABORTION CLINIC ADMINISTRATIVE TOUR

FACILITY

Women's Med Clinic

SURVEYOR

Jack Cohen

MED DIR

MANAGER

TOUR: DATE *4-2-18* TIME *2:30-5*

- ☒ Posting of license
- ☒ Pantry/nourishment area
- ☒ Janitor closet
- ☒ Housekeeping
- ☒ Preventative Maintenance
- ☒ Storage Areas
- ☒ Flammable agents
- ☒ Tank storage and secured
- ☒ Overall maintenance
- ☒ Adequate battery powered lighting and equipment
- ☒ Medical record storage
- ☒ Laundry Services
- ☒ Safety
- ☒ Lab area, as applicable
- ☒ Chemical use and storage
- ☒ Refuse/infections waste

COMMENTS/INTERVIEWS:

4-2 2:30-5

(A1)

#35 Prod. concept process area - Observed used MetriClean 2 solution. Label indicated:

First Aid Measures: EYES - Flush immediately with water for 20-30 minutes. Observed no eyewash in immediate area to do so. (A1) indicated used.

440 O.R. Rm #2 - observed elect plug outlet on 1 wall ~~was~~ broken, on other wall was ABHS directly over wall outlet.

Indiana State Department of Health Personnel/physician identifier Table

Name of abortion clinic: Women's Medical Group

Date of Survey 4-2-2018

Staff/Physician Name

Number assigned by surveyor

(A1)

- RN - Asst Dir

(A1)

One replacement is provided for free in this wallet, along with your order, any additional replacement cards cost \$14.99 per card.

ADVANCED CARDIAC LIFE SUPPORT



ACLS
Certification
Institute™
Provider

This card certifies that the person listed above has successfully completed the Advanced Cardiac Life Support examination and skills scenarios review based on the latest American Heart Association and ECC guidelines.

3/2/14

Issue Date

3/2/16

Renewal Date

ADVANCED CARDIAC LIFE SUPPORT



ACLS
Certification
Institute™
Provider

This card certifies that the person listed above has successfully completed the Advanced Cardiac Life Support examination and skills scenarios review based on the latest American Heart Association and ECC guidelines.

3/2/14

Issue Date

3/2/16

Renewal Date

 **ACLS**
certification
1289 Fordham Blv
Chapel Hill, NC 27

SAVE
On Your Next
Use code ACL

www.ACLScert

Visit

SURVEYOR NOTES WORKSHEET

Facility Name

Women's Medical Group

Surveyor Name

Vivian J. Smart R.N.

Provider Number

01128

Surveyor Number

38313

Discipline PHNS

Observation Dates:

From 4/2/2018 To

- returned 4/2/2018

State

P3SR11

TAG/CONCERNS	DOCUMENTATION
4/2/2018	
Annex 5.52	
-	How to look at nursing
-	Average number of cases per month? 120 - proper procedure
-	Average length of stay? 2 hrs
-	I need a patient list for 6 months
continued with VI	Any deaths - transfusions - needles - injections - complications - complaints
in 1200	last 12 months (transfusion)
-	A list of all patients 14 and under is the last 12 months
-	it was many: RNs - LPNs - Techs - Housekeepers
partial	3EN D. 1RN - 2LPN - 3 MA assistants
-	Are contracted - who - None - documentation
	continued 9:32 AM with VI 4/2/2018
	I need all the above - personnel, training and health file
-	Who is Medical Director?
-	Who is in charge, insurance - Associates Director
-	Do you rotate patients? No
	Emergency essential drugs - Valium
	no. Resuscit
	Gc. Vial
	continued with VI 9:36
	Access Medical Records - Scan on
	Plan of Corrections
Conference	9:44 ended

SURVEYOR NOTES WORKSHEET

page 2
 Vivian Smalls Ka
 PHN 38713

TAG/CONCERNS	DOCUMENTATION
4/2/2018	<p>(1 oz disinfectant bottle) use 1oz - uses less than 2 gallon confirmed with N2 4:25 pm 4/2/2018 confirmed with M.</p> <p>Metric Clean 2 - mix 1oz with one gallon of water per label. Confirmed at 4:30 pm with Hanna Allen N2</p> <p>Dirty instrument washed in sink next to rope where she works.</p> <p>N1 Confirmed no physical separation between dirty of cells N1 4:34 pm 4/2/2018</p> <p>Tom End 4:55 pm</p>
Exit 5.0m	<p>Load as Dressing only</p>
4/3/2018 Entrance 8:45 AM	<p>Confirmed with N1 9:30 AM</p> <p>Facility does not have Fluorinated (Ronaquin) spray for Valrin (Benzoylcholine) Valrin is used in facility. Does not know why they don't have.</p> <p>Requested release: CPE, evaluation, Physical Exam, Immunization including varicella, (she can do up medical)</p> <p>Immunization records, Policy on clothing. Her name</p>
Exit 4.05 pm	<p>Policy on clothing. Controlled substance, others over the counter and over the counter</p>
4/4/2018 Room 7:48 AM	<p>Confirmed with N1 does not use immunization deterrent, Policy states should use immunization 10:30 AM 4/4/2018</p>

Form CMS-807 (7/95)

SURVEYOR NOTES WORKSHEET[illegible]

Abortion Clinic
Nursing Document Request

Patient list/register for 6 months

List of all Nursing Personnel including agency for Now

Complaint Log for 12 months

Incident Reports for 12 months

Personnel policies including;

- ☒ Policy for control of communicable diseases includes specific to TB
- ☒ Orientation and training of new employees, contract and agency personnel
- ☒ CPR policy
- ☒ Annual in-service requirements
- ☒ Annual competency for nursing and other personnel performing lab tests

Patient care/nursing policies and procedures including;

- ☒ Composition of and meeting minutes for the patient care personnel committee *people who must be here*
- ☒ Reliable method of ID
- ☒ Instruction for follow up care and transportation—to include counseling, RH type and administration of Rhogam
- ☒ Reporting of post procedure complications and follow up
- ☒ Cleaning and sterilization of reusable equipment

Infection control program and policies including;

- ☒ Composition and meeting minutes of infection control committee
- ☒ Provision for active and effective Infection Control Program

Sterilization policies and procedures including;

- ☒ Instructions for loading, operating, cleaning and maintaining sterilizers
- ☒ Instructions for cleaning packaging, storing, labeling and dispensing of sterile supplies
- ☒ Records of sterilization cycle and results of biological indicators in testing sterilization
- ☒ Cleaning of environmental surfaces contaminated by blood or infectious material

Anesthesia policies including;

- ☒ Safety rules to be followed
- ☒ Safety training required of personnel
- ☒ Preanesthesia, intraoperative and post anesthesia policies and requirements

Pharmacy services policies including;

- ☒ Records of stock supplies and accounting of all items
- ☒ Policies for drug handling, storing, labeling dispensing and administration
- ☒ Reporting of adverse reaction and medical errors
- ☒ Storage and security
- ☒ Formulary
- ☒ List of available emergency drugs

ABORTION CLINIC NURSING TOUR

FACILITY Women's Medical Group SURVEYOR Vivian Smart RN PHNS 38315

MED DIR _____ MANAGER: _____ TOUR: DATE 7/2/29 TIME 2:36 P.M.

STAFFING: R.N. _____ LPN _____ Tech _____ Ratio: _____

No patients today

<input checked="" type="checkbox"/> Traffic pattern	<input checked="" type="checkbox"/> Soiled utility
<input checked="" type="checkbox"/> Dressing areas/staff/patients	<input checked="" type="checkbox"/> Linen Storage
<input checked="" type="checkbox"/> Adequate supplies/storage	<input checked="" type="checkbox"/> Handwashing sinks/toilets
<input checked="" type="checkbox"/> Clean utility - <u>laundry do</u>	<input checked="" type="checkbox"/> preventive maintenance

i clean utility cabinet was NI #15 3:15pm

NUMBER OF PROCEDURE ROOMS _____

PROCEDURE/ANESTHESIA/RECOVERY AREAS:

<input checked="" type="checkbox"/> Scrub area	<input checked="" type="checkbox"/> Suction Equipment (if IV Sedation is used)
<input checked="" type="checkbox"/> Dress code adherence <u>No Patients</u>	<input checked="" type="checkbox"/> Other supplies/equipment specified by medical staff (if IV Sedation is used)
<input checked="" type="checkbox"/> Emergency call system	<input checked="" type="checkbox"/> IV equipment
<input checked="" type="checkbox"/> Oxygen/humidifier bottles	<input checked="" type="checkbox"/> Anesthesia agents used
<input checked="" type="checkbox"/> Resuscitation equipment	<input checked="" type="checkbox"/> Sharps disposal
<input checked="" type="checkbox"/> Defibrillators (if IV Sedation is used)	<input checked="" type="checkbox"/> Medication and narcotic storage/drug areas/stock supplies
<input checked="" type="checkbox"/> Cardiac Monitors (if IV Sedation is used)	
<input checked="" type="checkbox"/> Pulse Oximeters (if IV Sedation is used)	

☒ AED

Narcotics available

OTHER:

☒ Clean/dirty instrument/sterilization areas No separation

☒ Sterilizers

☒ Chemical/biological indicators

☒ Waste disposal: All types

COMMENTS/INTERVIEWS: Lab room used for exam room, pelvis

confirmed 2:47pm NI

Lab at (apex) on card board more on Herose

Card board boxes on Herose could use to waste

confirm on NI 2:49

3:15 pm Washers and Dry in back of storage room

Exhausted laundry brought to room where

NI sterile supplies are kept

Sterile gloves + extra long brushes

Cotton tissue applicator

shelves under supplies are full of

dis and debris

old glue a few loose ridges -

open bag of cotton balls

inappropriately stored

- chip board a shelves with sterile

- gauze -

4/2/2018 at 3:27 pm in med room
confirmed NI

Diazepam 5mg/ml for 10ml x 4
expired 20 Aug 2017 not in course
2^{12/17/} of Diazepam

Hypo - Needle

18G x 1

inside
box

Expired 2017-10
contains vial

23G x 1 - 2 needles
2001-08

inside box labeled hypo
Dentamycin Ex
80mg 2ml 3/1/2015 x 5
inside plastic bag
wrapped & tubes
properly taped closed

Policy on who draws up medication
no initial of person over seeing assistant
confirmed with NI 3:47 pm 4/2/2018

Pre mix lidocaine for surgery
label 1 lidocaine 1% 10ml

Box 81166 PK Exp 19/19 x 8
Dose initial

3/22/18 / 16:30 MM initial

Administration
assistant

draws up medication

Vivian Smart RN
PHNS 3P313

Indiana State Department of Health Patient/Record Identifier Table

Name of abortion clinic: Women's Medical Group

Date of survey: 4/5/2018

Type of survey: State

Patient's name or medical record number	Number assigned by surveyor to patient's name or medical record number
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	22
	23
	24
	25
	26
	27
	28
	29
	30

||||| ||||| ||||| |||||

B. Jones's Medical Group
01128
ABORTION CLINIC MEDICAL RECORD REVIEW

Vivian Smart RA
PHNP 34313

	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#
	1	2	3	4	5	6	7	8	9	10
Patient Identification to include:										
Name	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematocrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Completion of the abortion documented by ultrasonography or other clinical means	NA	✓	✓	✓	✓	Mod	✓	✓	✓	✓
Provision of follow-up examination and services	✓	✓	✓	✓	✓	✓	✓	✓	NA	✓
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion	NA									
History and physical examination report to include:										
Vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any significant risk factors	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
The date written	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of a physical examination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any allergies and abnormal drug reactions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Entries related to anesthesia administration	NA	NA	NA	NA	NA					
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. State form 55320 (6-13) and 55321 (6-13)	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
A report describing techniques, findings, and tissue removed or altered.	NA	✓	✓	✓	✓	NA	✓	✓	✓	✓
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient.	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Condition on discharge, disposition of the patient, and time of discharge.	NA	✓	✓	✓	✓	NA	✓	✓	✓	✓
Discharge entry to include instructions to the patient or patient's legal representative.	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the transfer form, if the patient was referred to a hospital or other facility.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Copy of the terminated pregnancy report.	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.	✓	✓	✓	NA	NA	NA	NA	NA	NA	NA
Discharge information to include:										
Signs and symptoms of possible complications	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activities allowed and to be avoided	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hygienic and other postdischarge procedures to be followed	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up appointment, if indicated	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓
Counseling regarding Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Administration of Rh immune globulin, if indicated - unless patient signs a waiver or other arrangements for administration are documented	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Consent										
Frequent monitoring for verbal responses										
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used.	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Postanesthesia evaluation for proper anesthesia recovery before discharge										
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)	NA	NA	NA	NA	✓	✓	✓	✓	✓	✓
Form 56113 - Certification of Provision of Perinatal Hospice Information	NA	NA	NA	NA	✓	✓	✓	✓	✓	✓
Form 56114 - Disposition of Aborted Fetus	NA	NA	NA	NA	✓	✓	✓	✓	✓	✓
Form 56115 - Available Counseling after an Abortion	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓

09/09/2016

Counselor
not present
at procedure

Patient signed
consent

Montreal 2:30 PM
Montreal 5:30 PM
Montreal 8:30 PM

ABORTION CLINIC MEDICAL RECORD REVIEW

	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#	PT ID#
	11	12	13	14	15	16	17	18	19	20
Patient identification to include:										
Name	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verification and documentation of gestational age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematoxrit or hemoglobin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rh typing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Completion of the abortion documented by ultrasonography or other clinical means	NA	✓	✓	NA	NA	✓	✓	✓	✓	✓
Provision of follow-up examination and services	NA	NA	NA	NA	NA	✓	NA	✓	✓	NA
Prenesthesia evaluation within forty-eight (48) hours before a surgical abortion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
History and physical examination report to include:										
Vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allergies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any significant risk factors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The date written	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Appropriate medical history	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of a physical examination	✓	✓	✓	NA	NA	✓	✓	✓	✓	✓
Results of any diagnostic studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Results of any laboratory studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any allergies and abnormal drug reactions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Interventions related to anesthesia administration	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1. State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A report describing techniques, findings, and tissue removed or altered.	NA	✓	✓	NA	NA	✓	✓	✓	✓	✓
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Condition on discharge, disposition of the patient, and time of discharge.	NA	✓	✓	NA	NA	✓	✓	✓	✓	✓
Discharge entry to include instructions to the patient or patient's legal representative.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of the transfer form, if the patient was referred to a hospital or other facility.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Copy of the terminated pregnancy report.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activities allowed and to be avoided	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up appointment, if indicated	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Counseling regarding Rh typing	+	+	+	+	+	+	+	+	+	+
Administration of Rh immune globulin, if indicated - unless patient signs a waiver or other arrangements for administration are documented	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Conscious sedation										
Frequent monitoring for verbal responses	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Postanesthetic evaluation for proper anesthesia recovery before discharge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56113 - Certification of Provision of Perinatal Hospice Information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56114 - Disposition of Aborted Fetus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form 56115 - Available Counseling after an Abortion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Women's Medical Group
01128
ABORTION CLINIC MEDICAL RECORD REVIEW

Vivien J Smart RN
PHNS 38313

	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #	PT ID #
	21	22	23	24	25	26	27	28	29	30
Patient Identification to include:										
Name	✓	✓	✓	✓	✓					
Age	✓	✓	✓	✓	✓					
Address	✓	✓	✓	✓	✓					
Procedures for surgical abortion must include preprocedure testing that includes:										
On-site proof of pregnancy as evidenced by a pregnancy test, a copy of a pregnancy test or an ultrasound	✓	✓	✓	✓	✓					
Verification and documentation of gestational age	✓	✓	✓	✓	✓					
Hematoctrit or hemoglobin	✓	✓	✓	✓	✓					
Rh typing	✓	✓	✓	✓	✓					
Completion of the abortion documented by ultrasonography or other clinical means	NA	✓	✓	✓	✓					
Provision of follow-up examination and services	✓	NA	✓	✓	✓					
Preanesthesia evaluation within forty-eight (48) hours before a surgical abortion										
History and physical examination report to include:										
Vital signs	✓	✓	✓	✓	✓					
Allergies	✓	✓	✓	✓	✓					
Any significant risk factors	✓	✓	✓	✓	✓					
The date written	✓	✓	✓	✓	✓					
Appropriate medical history	✓	✓	✓	✓	✓					
Results of a physical examination	NA	✓	✓	✓	✓					
Results of any diagnostic studies	✓	✓	✓	✓	✓					
Results of any laboratory studies	✓	✓	✓	✓	✓					
Any allergies and abnormal drug reactions	✓	✓	✓	✓	✓					
Entries related to anesthesia administration	NA									
Evidence of appropriate informed consent for procedures and treatments as required by IC 16-34-2-1.1, State form 55320 (6-13) and 55321 (6-13)	✓	✓	✓	✓	✓					
A report describing techniques, findings, and tissue removed or altered.	NA	✓	✓	✓	✓					
Authentication of entries by the physician or physicians and health care workers who treated or cared for the patient.	✓	✓	✓	✓	✓					
Condition on discharge, disposition of the patient, and time of discharge.	NA	✓	✓	✓	✓					
Discharge entry in include instructions to the patient or patient's legal representative.	✓	✓	✓	✓	✓					
Copy of the transfer form, if the patient was referred to a hospital or other facility.	NA	NA	NA	NA	NA					
Copy of the terminated pregnancy report.	✓	✓	✓	✓	✓					
Copy of any report filed with a state agency or law enforcement agency pursuant to a statutory reporting requirement.	NA	NA	NA	NA	NA					
Discharge information to include:										
Signs and symptoms of possible complications	✓	✓	✓	✓	✓					
Activities allowed and to be avoided	✓	✓	✓	✓	✓					
Hygienic and other postdischarge procedures to be followed	✓	✓	✓	✓	✓					
Clinic emergency phone numbers available on a twenty-four (24) hours basis	✓	✓	✓	✓	✓					
Follow-up appointment, if indicated	✓	✓	✓	✓	✓					
Counseling regarding Rh typing	✓	✓	✓	✓	✓					
Administration of Rh immune globulin, if indicated - unless patient signs a waiver or other arrangements for administration are documented	NA	NA	NA	NA	NA					
Conscious sedation										
Frequent monitoring for verbal responses										
Monitoring for respiratory, cardiovascular and neurological effects of the drugs being used.										
Postanesthetic evaluation for pro anesthesia recovery before discharge										
Form 56108 - Certification of Provision of Perinatal Hospice Information (Time of Abortion Consent Decision)	✓	✓	✓	✓	✓					
Form 56113 - Certification of Provision of Perinatal Hospice Information	✓	✓	✓	✓	✓					
Form 56114 - Disposition of Aborted Fetus	✓	✓	✓	✓	✓					
Form 56115 - Available Counseling after an Abortion	✓	✓	✓	✓	✓					

CLINIC Warrick Med Center Indianapolis Indiana State Department of Health STAFFING DATES 3/19/18 - 3/23/18
 Survey Dates: 3/12/18 to 3/23/18 4/4/18

**ONE WEEK STAFFING PATTERN WORKSHEET
FOR EACH CLINIC AREA**

LAST FTE for all direct care nursing staff actually on duty for the dates shown.

Shift	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O	RN	LPN	O
Day	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1	1	0	1	0	0	0
Evening	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	0			0			0			18			26			37			0		

NURSING COMPLIMENT DATA

I
NURSING STAFF ASSIGNED TO DIRECT PATIENT CARE (FTEs)

Shift	OTHER (SPECIFY)					
	RN	LPN	MA			
DAY	0.25	1	1			
EVENING						
TOTAL						

II
NURSING STAFF ASSIGNED TO INDIRECT PATIENT CARE (FTEs)

Shift	NURSING ADMIN.		NSG. EDUC.		NSG. SUP.	
	RN				RN	OTHER
DAY	0.25		0.25		0.25	
EVENING						
TOTAL						

III
VACANCIES AND LEAVE OF ABSENCES (FTEs)

Shift	VACANCIES (FTEs)			LOA'S (FTEs)		
	RN	LPN	OTHER	RN	LPN	OTHER
DAY		0.5			0.5	0.5
EVENING						
TOTAL						

IV
TOTAL COMPLEMENT (FTEs)

Shift				OTHER		
	RN	LPN		MA		
DAY	1	1		1		
EVENING						
TOTAL						

1. Above is to be calculated in full-time equivalents (FTEs). Part IV totals is Obtained by adding parts I, II and III.

 Clinic Director Assistant Director Date 4/4/18
 Nurse Supervisor Date 4/4/2018

Not available
 Signature of Staff Physician Date

Vision Smart RN
P# 38213

Indiana State Department of Health
Personnel Document Review

Abortion Clinic: Women's Medical Group Date: 4/2/2018

Name/Class	Prior Educ	Hire Date	Lic/ cert	Orient	In-service	CPR	Last eval	Competency	Phy Exam	Immun	PPD 2 step	Other
Medical Asst/Gen	✓	2/26/18	✓	✓	✓	☒ NA	NA	✓		No vaccine	✓	9/20/17
Medical Asst/Gen	✓	9/1/13	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/1/17
RN	✓	5/28/16	✓	✓	✓	✓	✓	✓	✓	No vaccine	✓	10/1/17
LPN	✓	4/1/17	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/1/17
LPN	✓	12/1/17	✓	✓	✓	☒ NA	NA	✓		No vaccine	✓	10/1/17
MA	✓	4/1/17	✓	✓	✓	✓	✓	✓	✓	No vaccine	✓	10/1/17
No CPR for combined with												
NI 1:18 pm 4/2/2018												
No CPR for combined with												
NI 9:45 am 4/3/2018												
Can file for Physical Exam												
NI 9:50 am 4/3/2018												
Confirmed no immunization for												
see indicated above with NI 4/3/2018												
10:00 am												

Copy of

File

Women's Medical Group
c11122

Vivian J Smart & R
P#NS 38312

SIGN IN/ SIGN OUT
Abortion Clinic

(Dr)

NAME (PRINT)

SIGNATURE

TITLE (PRINT) Control
Information

N1

RA/Ass. Director

N2

Medical Assistant

N3

Administrative Assistant

09/02/2014



Guideline for Disinfection and Sterilization in Healthcare Facilities (2008)

On This Page

- Overview
- Sterilization cycle verification
- Physical facilities
- Cleaning
- Packaging
- Loading
- Storage
- Monitoring

Sterilizing Practices

Overview.

The delivery of sterile products for use in patient care depends not only on the effectiveness of the sterilization process but also on the unit design, decontamination, disassembling and packaging of the device, loading the sterilizer, monitoring, sterilant quality and quantity, and the appropriateness of the cycle for the load contents, and other aspects of device reprocessing. Healthcare personnel should perform most cleaning, disinfecting, and sterilizing of patient-care supplies in a central processing department in order to more easily control quality. The aim of central processing is the orderly processing of medical and surgical instruments to protect patients from infections while minimizing risks to staff and preserving the value of the items being reprocessed⁹⁵⁷. Healthcare facilities should promote the same level of efficiency and safety in the preparation of supplies in other areas (e.g., operating room, respiratory therapy) as is practiced in central processing.

Ensuring consistency of sterilization practices requires a comprehensive program that ensures operator competence and proper methods of cleaning and wrapping instruments, loading the sterilizer, operating the sterilizer, and monitoring of the entire process. Furthermore, care must be consistent from an infection prevention standpoint in all patient-care settings, such as hospital and outpatient facilities.

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Sterilization Cycle Verification.

A sterilization process should be verified before it is put into use in healthcare settings. All steam, ETO, and other low-temperature sterilizers are tested with biological and chemical indicators upon installation, when the sterilizer is relocated, redesigned, after major repair and after a sterilization failure has occurred to ensure they are functioning prior to placing them into routine use. Three consecutive empty steam cycles are run with a biological and chemical indicator in an appropriate test package or tray. Each type of steam cycle used for sterilization (e.g., vacuum-assisted, gravity) is tested separately. In a prevacuum steam sterilizer three consecutive empty cycles are also run with a Bowie-Dick test. The sterilizer is not put back into use until all biological indicators are negative and chemical indicators show a correct end-point response^{811-814, 958}.

Biological and chemical indicator testing is also done for ongoing quality assurance testing of representative samples of actual products being sterilized and product testing when major changes are made in packaging, wraps, or load configuration. Biological and chemical indicators are placed in products, which are processed in a full load. When three consecutive cycles show negative biological indicators and chemical indicators with a correct end point response, you can put the change made into routine use^{811-814, 958}. Items processed during the three evaluation cycles should be quarantined until the test results are negative.

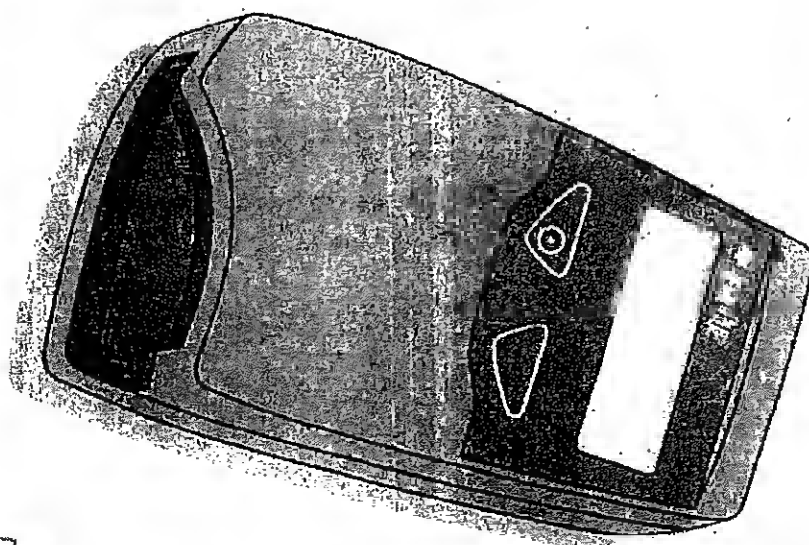
[^ Top of Page](#)

Physical Facilities.

The central processing area(s) ideally should be divided into at least three areas: decontamination, packaging, and sterilization and storage. Physical barriers should separate the decontamination area from the other sections to contain contamination on used items. In the decontamination area reusable contaminated supplies (and possibly disposable items that are reused) are received, sorted, and decontaminated. The recommended airflow pattern should contain contaminants within the decontamination area and minimize the flow of contaminants to the clean areas. The American Institute of Architects⁹⁵⁹ recommends negative pressure and no fewer than six air exchanges per hour in the decontamination area (AAMI recommends 10 air changes per hour) and 10 air changes per hour with positive pressure in the sterilizer equipment room. The packaging area is for

11/2008 Keep in LAB

HemoCue Hb 201+
Operating Manual
Manuel d'utilisation



 HEMOGUE®

$$\begin{aligned} & \text{if } \theta = \dots \theta^{\alpha_0}, \beta_0 \theta^{\alpha_1}, \dots, \beta_{n-1} \theta^{\alpha_{n-1}} \in B_n \\ & \quad \text{and } \beta_i \theta^{\alpha_i} \in B_n \text{ for all } i \geq 0, \end{aligned}$$

1. **Claim that the scientific method is a good idea**
Find a group that will believe that
2. **Find the exact opposite of what the coaching profession believes** (e.g. the more teachers of ability in the classroom the better)
Construct the counter-proposition
3. **Write papers on the new, published in the top tiered teacher research journals** (e.g. *Journal of Teacher Education*)
Establish that the new is possible. Establish that the old is not possible. Establish that the new is better than the old. Establish that the new is the only way to do it.
4. **From the research bodies that are critical of the new, publish a report that says that the new is better** (e.g. *Journal of Teacher Education*)
Establish that the new is better

1. *Содержание*
 2. *Введение*
 3. *Глава I. Общие сведения о предмете исследования*
 4. *Глава II. Анализ литературы по теме исследования*
 5. *Глава III. Методология исследования*
 6. *Глава IV. Результаты исследования*
 7. *Глава V. Заключение*
 8. *Список литературы*
 9. *Приложение*
 10. *Содержание*

46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874.

5. Push the electrode closer and more

The following of December 11, 1876, from the
 Louisville Courier-Journal, at the
 Louisville, Kentucky, is a very

[illegible]

THE 2016 IMPACT OF THE BRITISH
OF THE 2016 IMPACT OF THE BRITISH

"But no matter, we get satisfaction in the
 knowledge that we are in Christ, in
 communion with a great and heavenly multitude
 of souls who are no need for a living

$$\begin{aligned} \frac{1}{2} \frac{d}{dt} \int_{\mathbb{R}^n} |u|^2 dx &= - \int_{\mathbb{R}^n} u \Delta u dx = \int_{\mathbb{R}^n} |\nabla u|^2 dx \\ &= \int_{\mathbb{R}^n} |\nabla u|^2 dx = \int_{\mathbb{R}^n} |\nabla u|^2 dx = \int_{\mathbb{R}^n} |\nabla u|^2 dx \end{aligned}$$

1. Introduction

[Faint handwritten notes]

$$\begin{aligned} & + \int_{\Sigma} \langle \nabla^2 u, \nabla u \rangle_{g_0} \, d\mu_{g_0} - \int_{\Sigma} \langle \nabla u, \nabla u \rangle_{g_0} \, d\mu_{g_0} \\ & + \int_{\Sigma} \langle \nabla^2 u, \nabla u \rangle_{g_0} \, d\mu_{g_0} - \int_{\Sigma} \langle \nabla u, \nabla u \rangle_{g_0} \, d\mu_{g_0} \end{aligned}$$

$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

[illegible]
$$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$$

1. The first part of the paper is devoted to a review of the literature on the topic of the role of the state in the development of the economy. It is found that the state has played a significant role in the development of the economy in many countries, particularly in the case of developing countries. The state has been able to mobilize resources, provide infrastructure, and create a favorable environment for investment and growth.

Figure 1

[illegible]

Figure 6 shows the results of the regression analysis. The model explains 70% of the variance in the dependent variable. The independent variables are significant at the 0.05 level. The coefficient of determination (R^2) is 0.70. The adjusted R^2 is 0.68. The F-statistic is 10.94. The p-value is 0.0001.

[illegible][illegible]



MetriClean®2
Date Prepared: 3/3/16

Section 15. Regulatory Information

U.S. Federal Regulations:

EPA SARA 311/312 Hazard Classification: Acute Health

EPA SARA 313: This Product Contains the Following Chemicals Subject to Annual Release Reporting Requirements Under SARA Title III, Section 313 (40 CFR 372): None

Protection Of Stratospheric Ozone: This product is not known to contain or to have been manufactured with ozone depleting substances as defined in 40 CFR Part 82, Appendix A to Subpart A.

CERCLA SECTION 103: This product has a reportable quantity (RQ) of 20,000 lbs based on the RQ for potassium hydroxide of 1000 lbs. Many states have more stringent release reporting requirements. Report spills required under federal, state and local regulations.

Canadian Regulations

National Pollutant Release Inventory (NPRI): This Product Contains the Following Chemicals Subject to Annual Release Reporting Requirements NPRI: None

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations and the MSDS contains all the information required by the Controlled Products Regulations

International Inventories

US EPA TSCA Inventory: All of the components of this product are listed on the Toxic Substances Control Act (TSCA) Chemical Substances Inventory or exempt.

Canadian Environmental Protection Act: All of the components in this product are listed on the Domestic Substances List (DSL) or exempt.

Australia: All of the components in this product are listed on the Australian Inventory of Chemical Substances (AICS) or exempt.

China: All of the components in this product are listed on the Inventory of Existing Chemical Substances in China (IECSC) or exempt.

New Zealand: All of the components in this product are listed on the New Zealand Inventory of Chemicals (NZIoC) or exempt.

Section 16. Other Information

NFPA Rating: Fire: 1 Health: 3 Instability: 0

The information and recommendations set forth herein are taken from sources believed to be accurate as of the date of preparation, however, METREX® RESEARCH makes no warranty with respect to the accuracy or suitability of the recommendations, and assumes no liability to any use thereof.



MetriClean®2
Date Prepared: 3/3/16

Carcinogen: None of the components is listed as a carcinogen or potential carcinogen by IARC, NTP, ACGIH, or OSHA.

Acute Toxicity Values

Potassium Hydroxide: LD50 Oral Rat 273 mg/kg.

Acrylic Acid Polymer Sodium Salt: No data available.

Triethanolamine: LD50 Oral Rat >4000 mg/kg; LD50 Dermal Rabbit >2000 mg/kg

Section 12: Ecological Information

This product is not classified as aquatically toxic based on the GHS criteria for aquatic toxicity.

Toxicity:

Potassium Hydroxide: LC50 mosquito fish 80 mg/L/96

Acrylic Acid Polymer Sodium Salt: EC50 ceriodaphnia 162 mg/L/48 hr

Triethanolamine: LC50 fathead minnow 1800-11,800 mg/L/96 hr; LC50 daphnia magna 739-2038 mg/L/24 hr; ErC50 algae 216-750 mg/L/72 hr

Persistence and degradability: Triethanolamine is readily biodegradable in screening tests. Acrylic Acid Polymer Sodium Salt is not readily biodegradable. Biodegradation is not applicable to inorganic substances such as potassium hydroxide.

Bioaccumulative Potential: Triethanolamine has a low potential to bioaccumulate.

Mobility in Soil: Triethanolamine is expected to have very high mobility in soil.

Other Adverse Effects: Releases of large amounts to waterways will affect the pH of the water and may have an adverse effect on aquatic organisms.

Section 13: Disposal Considerations

Solution Disposal: Unused product or wastes resulting from the use of this product may be disposed of according to applicable Federal, State, or local procedures. Unused product would be classified as a RCRA hazardous waste, characteristic corrosivity.

Container Disposal: Nonrefillable container. Do not reuse or refill this container. Offer for recycling, if available. If recycling is not available, discard in accordance with hospital policy.

Section 14: Transport Information

| | UN Number | UN Proper Shipping Name | Hazard Class(s) | Packing Group | Environmental Hazards |
|------------|-----------|------------------------------|-----------------|---------------|-----------------------|
| US DOT | UN1814 | Potassium Hydroxide Solution | 8 | PG II | None |
| EU ADR/RID | UN1814 | Potassium Hydroxide Solution | 8 | PG II | None |
| IMDG | UN1814 | Potassium Hydroxide Solution | 8 | PG II | None |
| IATA/ICAO | UN1814 | Potassium Hydroxide Solution | 8 | PG II | None |



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Skin Protection: Wear protective clothing if needed to prevent skin contact. Contaminated clothing must be immediately removed and laundered before re-use.

Hygiene measures: Suitable eye wash and washing facilities should be available in the work area.

Section 9. Physical and Chemical Properties

| | | | |
|---|-------------------------|----------------------------------|-----------------------------|
| Appearance: | Clear blue-green liquid | Odor: | Fresh, clean scent |
| Odor Threshold: | Not available | pH: | 13.0-14.0 |
| Melting/Freezing Point: | Not available | Boiling Point/Range: | Not determined |
| Flash Point: | Not flammable | Evaporation Rate: | Not available |
| Flammability: (Solid, Gas) | Not applicable | Flammability Limits: | Not applicable |
| Vapor Pressure: | Same as water | Vapor Density: | Not available |
| Relative Density: | >1.025 | Solubilities: | Completely soluble in water |
| Partition Coefficient: (N-Octanol/Water) | Not available | Autoignition Temperature: | Not flammable |
| Decomposition Temperature: | Not available | Viscosity: | Not available |

Section 10. Stability and Reactivity

Reactivity: None known.

Chemical Stability: Stable.

Possibility of Hazardous Reactions: May react with chemically reactive metals such as aluminum, zinc or magnesium to release hydrogen gas, which is flammable and explosive.

Conditions to avoid: Excessive heat.

Incompatible Materials: Strong oxidizing agents, acids reactive metals.

Hazardous decomposition products: Thermal decomposition will produce carbon monoxide, carbon dioxide, nitrogen oxides, amines.

Section 11. Toxicological Information

Potential Health Effects:

Inhalation: Vapors and mists may cause severe irritation of the eyes, nose and throat. High concentrations may cause lung damage.

Skin Contact: Corrosive. May cause severe irritation or burns.

Eye Contact: Corrosive. May cause severe irritation with burns and permanent eye damage.

Ingestion: Harmful or fatal if swallowed. Causes burns to the mouth, throat and intestinal tract.

Chronic Hazards: Prolonged overexposure to dilute solutions may cause dermatitis.



Special Protective Equipment and Precautions for Fire-fighters: Firefighters should wear positive pressure self-contained breathing apparatus and full protective clothing for fires in areas where chemicals are used or stored.

Section 6: Accidental Release Measures

Personal precautions, Protective equipment, and Emergency procedures: Wear appropriate protective clothing and equipment.

Methods and Materials for Containment and Cleaning up: Neutralize spill with a dilute weak acid, such as acetic acid or use alkali spill kit. Collect material with an inert absorbent material and place in appropriate, labeled container for disposal.

Section 7: Handling and Storage

Precautions for Safe Handling: Do not get in eyes, on skin or on clothing. Wear appropriate protective clothing when handling. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco or using the toilet. Immediately remove and wash contaminated clothing before reuse. Use in accordance with label directions.

Conditions for Safe Storage, Including any Incompatibilities: Store in a cool area.

Empty containers retain product residues and may be hazardous. Do not flame cut, drill, weld, etc. on or near empty containers, even empty.

Section 8: Exposure Controls / Personal Protection

Exposure Limits

| Chemical | Exposure Limit |
|----------------------------------|---------------------------|
| Potassium Hydroxide | 2 mg/m3 Ceiling ACGIH TLV |
| Acrylic Acid Polymer Sodium Salt | None Established |
| Triethanolamine | 5 mg/m3 TWA ACGIH TLV |

Appropriate Engineering Controls: For operations where the exposure limits may be exceeded, mechanical ventilation such as local exhaust may be needed to minimize exposure.

Respiratory Protection: None under normal use conditions with adequate ventilation. For operations where the occupational exposure limits are exceeded, a NIOSH approved respirator with an organic vapor/dust/mist cartridges or supplied air respirator is recommended. Equipment selection depends on contaminant type and concentration. Select in accordance with 29 CFR 1910.134 and good industrial hygiene practice. For firefighting, use self-contained breathing apparatus.

Hand protection: Protective gloves such as nitrile are recommended.

Eye Protection: Splash proof goggles and face shield recommended.



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IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
Immediately call a POISON CENTER.

Storage and Disposal

Store locked up.

Dispose of contents and container in accordance with local and national regulations.

Section 3. Composition/Information On Ingredients

| Component | CAS No. | Amount |
|----------------------------------|-------------|--------|
| Water | 7732-18-5 | 70-90% |
| Potassium Hydroxide | 1310-58-3 | 1-5% |
| Acrylic Acid Polymer Sodium Salt | Proprietary | 1-5% |
| Triethanolamine | 102-71-6 | 1-5% |

Section 4. First Aid Measures

Eye Contact: Hold eye open and rinse slowly and gently with water for 20-30 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. Get immediate medical attention.

Skin Contact: Immediately remove contaminated clothing. Flush all affected and exposed areas with plenty of water for at least 15-20 minutes. If skin irritation develops and persists, seek medical attention. Launder clothing before reuse. Discard items that cannot be thoroughly decontaminated, like leather shoes and belts.

Inhalation: Move to fresh air if effects occur and seek medical attention if effects persist. If not breathing or breathing is difficult, give oxygen or artificial respiration. Get immediate medical attention.

Ingestion: If swallowed, get immediate medical advice by calling a Poison Control Center or hospital emergency room. If advice is not available, take victim and product container to the nearest emergency treatment center or hospital. Do NOT induce vomiting. If the victim is alert, rinse their mouth with water. Do not attempt to give anything by mouth to an unconscious person.

Most important symptoms and effects, acute and delayed: Causes skin burns and eye damage. Harmful or fatal if swallowed. Causes burns to the mouth, throat and intestinal tract. Inhalation of mists or vapors may cause severe irritation of the eyes, nose and throat. High concentrations may cause lung damage.

Indication of immediate medical attention and special treatment, if needed: Immediate medical attention is required for all routes of exposures.

Section 5. Fire Fighting Measures

Suitable (and Unsuitable) Extinguishing Media: Use any media that is suitable for the surrounding fire. Cool fire exposed containers with water.

Reactivity from the Chemical: May react with chemically reactive metals such as sodium to release hydrogen gas, which is flammable and explosive.



MetriClean®2
Date Prepared: 3/3/16

MATERIAL SAFETY DATA SHEET

Section 1. Product And Company Identification

Product Name: MetriClean®2
Product Use: Low foaming detergent

Manufacturer: METREX® RESEARCH
1717 W. Collins Ave.
Orange, CA 92667
U.S.A.

Information Phone Number: 1-800-841-1428 (Customer Service)

Chemical Emergency Phone Number (Chemical Spills, Leaks, Fire, Exposure or Accident only):
CHEMTREC 1-800-424-9300 (In the US) 1-703-527-3887 (Outside the US)

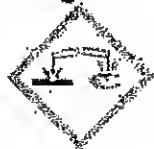
SDS Date Of Preparation/Revision: 3/3/16

Section 2. Hazards Identification

GHS / HAZCOM 2012 Classification:
Skin Damage Category 1B
Eye Damage Category 1

Label Elements

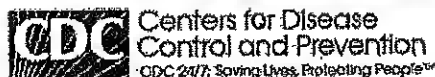
Danger!



Hazard Phrases
Causes severe skin burns and eye damage

Prevention:
Do not breathe mists.
Wash thoroughly after handling.
Wear protective gloves, protective clothing, eye protection and face protection.

Response:
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
Immediately call a POISON CENTER.
IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with soap and water.
Wash contaminated clothing before reuse.
Immediately call a POISON CENTER.
IF INHALED: Remove person to fresh air and keep comfortable for breathing.
Immediately call a POISON CENTER.



Guideline for Disinfection and Sterilization in Healthcare Facilities (2008)

On This Page

- Overview
- Sterilization cycle verification
- Physical facilities
- Cleaning
- Packaging
- Loading
- Storage
- Monitoring

Sterilizing Practices

Overview.

The delivery of sterile products for use in patient care depends not only on the effectiveness of the sterilization process but also on the unit design, decontamination, disassembling and packaging of the device, loading the sterilizer, monitoring, sterilant quality and quantity, and the appropriateness of the cycle for the load contents, and other aspects of device reprocessing. Healthcare personnel should perform most cleaning, disinfecting, and sterilizing of patient-care supplies in a central processing department in order to more easily control quality. The aim of central processing is the orderly processing of medical and surgical instruments to protect patients from infections while minimizing risks to staff and preserving the value of the items being reprocessed⁹⁵⁷. Healthcare facilities should promote the same level of efficiency and safety in the preparation of supplies in other areas (e.g., operating room, respiratory therapy) as is practiced in central processing.

Ensuring consistency of sterilization practices requires a comprehensive program that ensures operator competence and proper methods of cleaning and wrapping instruments, loading the sterilizer, operating the sterilizer, and monitoring of the entire process. Furthermore, care must be consistent from an infection prevention standpoint in all patient-care settings, such as hospital and outpatient facilities.

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Sterilization Cycle Verification.

A sterilization process should be verified before it is put into use in healthcare settings. All steam, ETO, and other low-temperature sterilizers are tested with biological and chemical indicators upon installation, when the sterilizer is relocated, redesigned, after major repair and after a sterilization failure has occurred to ensure they are functioning prior to placing them into routine use. Three consecutive empty steam cycles are run with a biological and chemical indicator in an appropriate test package or tray. Each type of steam cycle used for sterilization (e.g., vacuum-assisted, gravity) is tested separately. In a prevacuum steam sterilizer three consecutive empty cycles are also run with a Bowie-Dick test. The sterilizer is not put back into use until all biological indicators are negative and chemical indicators show a correct end-point response^{811-814, 819, 958}.

Biological and chemical indicator testing is also done for ongoing quality assurance testing of representative samples of actual products being sterilized and product testing when major changes are made in packaging, wraps, or load configuration. Biological and chemical indicators are placed in products, which are processed in a full load. When three consecutive cycles show negative biological indicators and chemical indicators with a correct end point response, you can put the change made into routine use^{811-814, 958}. Items processed during the three evaluation cycles should be quarantined until the test results are negative.

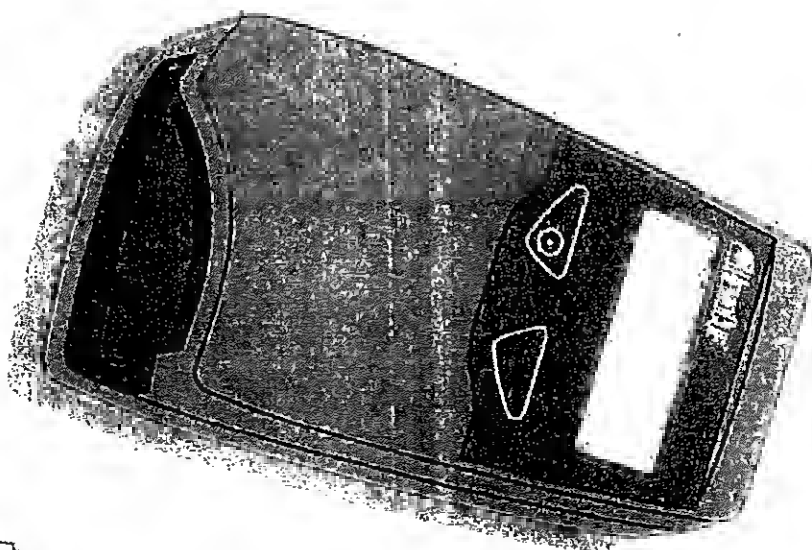
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Physical Facilities.

The central processing area(s) ideally should be divided into at least three areas: decontamination, packaging, and sterilization and storage. Physical barriers should separate the decontamination area from the other sections to contain contamination on used items. In the decontamination area reusable contaminated supplies (and possibly disposable items that are reused) are received, sorted, and decontaminated. The recommended airflow pattern should contain contaminants within the decontamination area and minimize the flow of contaminants to the clean areas. The American Institute of Architects⁹⁵⁹ recommends negative pressure and no fewer than six air exchanges per hour in the decontamination area (AAMI recommends 10 air changes per hour) and 10 air changes per hour with positive pressure in the sterilizer equipment room. The packaging area is for

11/2008 KEEP IN LAB

HemoCue Hb 201+
Operating Manual
Manual d'utilisation



 HEMOCUE®



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Section 15. Regulatory Information

U.S. Federal Regulations:

EPA SARA 311/312 Hazard Classification: Acute Health

EPA SARA 313: This Product Contains the Following Chemicals Subject to Annual Release Reporting Requirements Under SARA Title III, Section 313 (40 CFR 372): None

Protection Of Stratospheric Ozone: This product is not known to contain or to have been manufactured with ozone depleting substances as defined in 40 CFR Part 82, Appendix A to Subpart A.

CERCLA SECTION 103: This product has a reportable quantity (RQ) of 20,000 lbs. based on the RQ for potassium hydroxide of 1000 lbs. Many states have more stringent release reporting requirements. Report spills required under federal, state and local regulations.

Canadian Regulations

National Pollutant Release Inventory (NPRI): This Product Contains the Following Chemicals Subject to Annual Release Reporting Requirements NPRI: None

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations and the MSDS contains all the information required by the Controlled Products Regulations

International Inventories

US EPA TSCA Inventory: All of the components of this product are listed on the Toxic Substances Control Act (TSCA) Chemical Substances Inventory or exempt.

Canadian Environmental Protection Act: All of the components in this product are listed on the Domestic Substances List (DSL) or exempt.

Australia: All of the components in this product are listed on the Australian Inventory of Chemical Substances (AICS) or exempt.

China: All of the components in this product are listed on the Inventory of Existing Chemical Substances in China (IECSC) or exempt.

New Zealand: All of the components in this product are listed on the New Zealand Inventory of Chemicals (NZIoC) or exempt.

Section 16. Other Information

NFPA Rating: Fire: 1

Health: 3

Instability: 0

The information and recommendations set forth herein are taken from sources believed to be accurate as of the date of preparation, however, METREX® RESEARCH makes no warranty with respect to the accuracy or suitability of the recommendations, and assumes no liability to any use thereof.



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Carcinogen: None of the components is listed as a carcinogen or potential carcinogen by IARC, NTP, ACGIH, or OSHA.

Acute Toxicity Values

Potassium Hydroxide: LD50 Oral Rat 273 mg/kg.

Acrylic Acid Polymer Sodium Salt: No data available.

Triethanolamine: LD50 Oral Rat >4000 mg/kg; LD50 Dermal Rabbit >2000 mg/kg

Section 12. Ecological Information

This product is not classified as aquatically toxic based on the GHS criteria for aquatic toxicity.

Toxicity:

Potassium Hydroxide: LC50 mosquito fish 80 mg/L/96

Acrylic Acid Polymer Sodium Salt: EC50 ceriodaphnia 162 mg/L/48 hr

Triethanolamine: LC50 fathead minnow 1800-11,800 mg/L/96 hr; LC50 daphnia magna 739-2038 mg/L/24 hr; ErC50 algae 216-760 mg/L/72 hr

Persistence and degradability: Triethanolamine is readily biodegradable in screening tests. Acrylic Acid Polymer Sodium Salt is not readily biodegradable. Biodegradation is not applicable to inorganic substances such as potassium hydroxide.

Bioaccumulative Potential: Triethanolamine has a low potential to bioaccumulate.

Mobility in Soil: Triethanolamine is expected to have very high mobility in soil.

Other Adverse Effects: Releases of large amounts to waterways will affect the pH of the water and may have an adverse effect on aquatic organisms.

Section 13. Disposal Considerations

Solution Disposal: Unused product or wastes resulting from the use of this product may be disposed of according to applicable Federal, State, or local procedures. Unused product would be classified as a RCRA hazardous waste, characteristic corrosivity.

Container Disposal: Nonrefillable container. Do not reuse or refill this container. Offer for recycling, if available. If recycling is not available, discard in accordance with hospital policy.

Section 14. Transport Information

| | UN Number | UN Proper Shipping Name | Hazard Class(s) | Packing Group | Environmental Hazards |
|------------|-----------|------------------------------|-----------------|---------------|-----------------------|
| US DOT | UN1814 | Potassium Hydroxide Solution | 8 | PG II | None |
| EU ADR/RID | UN1814 | Potassium Hydroxide Solution | 8 | PG II | None |
| IMDG | UN1814 | Potassium Hydroxide Solution | 8 | PG II | None |
| IATA/ICAO | UN1814 | Potassium Hydroxide Solution | 8 | PG II | None |



MetriClean®2
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Skin Protection: Wear protective clothing if needed to prevent skin contact. Contaminated clothing must be immediately removed and laundered before re-use.

Hygiene measures: Suitable eye wash and washing facilities should be available in the work area.

Section 9. Physical and Chemical Properties

| | | | |
|--|-------------------------|----------------------------------|-----------------------------|
| Appearance: | Clear blue-green liquid | Odor: | Fresh, clean scent |
| Odor Threshold: | Not available | pH: | 13.0 -14.0 |
| Melting/Freezing Point: | Not available | Boiling Point/Range: | Not determined |
| Flash Point: | Not flammable | Evaporation Rate: | Not available |
| Flammability: (Solid, Gas) | Not applicable | Flammability Limits: | Not applicable |
| Vapor Pressure: | Same as water | Vapor Density: | Not available |
| Relative Density: | >1.025 | Solubilities: | Completely soluble in water |
| Partition Coefficient (N-Octanol/Water) | Not available | Autoignition Temperature: | Not flammable |
| Decomposition Temperature: | Not available | Viscosity: | Not available |

Section 10. Stability and Reactivity

Reactivity: None known.

Chemical Stability: Stable.

Possibility of Hazardous Reactions: May react with chemically reactive metals such as aluminum, zinc or magnesium to release hydrogen gas, which is flammable and explosive.

Conditions to avoid: Excessive heat.

Incompatible Materials: Strong oxidizing agents, acids reactive metals.

Hazardous decomposition products: Thermal decomposition will produce carbon monoxide, carbon dioxide, nitrogen oxides, amines.

Section 11. Toxicological Information

Potential Health Effects:

Inhalation: Vapors and mists may cause severe irritation of the eyes, nose and throat. High concentrations may cause lung damage.

Skin Contact: Corrosive. May cause severe irritation or burns.

Eye Contact: Corrosive. May cause severe irritation with burns and permanent eye damage.

Ingestion: Harmful or fatal if swallowed. Causes burns to the mouth, throat and intestinal tract.

Chronic Hazards: Prolonged overexposure to dilute solutions may cause dermatitis.



Special Protective Equipment and Precautions for Fire-fighters: Firefighters should wear positive pressure self-contained breathing apparatus and full protective clothing for fires in areas where chemicals are used or stored.

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Personal precautions, Protective equipment, and Emergency procedures: Wear appropriate protective clothing and equipment.

Methods and Materials for Containment and Cleaning up: Neutralize spill with a dilute weak acid, such as acetic acid or use alkali spill kit. Collect material with an inert absorbent material and place in appropriate, labeled container for disposal.

Section 7: Handling and Storage

Precautions for Safe Handling: Do not get in eyes, on skin or on clothing. Wear appropriate protective clothing when handling. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco or using the toilet. Immediately remove and wash contaminated clothing before reuse. Use in accordance with label directions.

Conditions for Safe Storage, including any Incompatibilities: Store in a cool area.

Empty containers retain product residues and may be hazardous. Do not flame cut, drill, weld, etc. on or near empty containers, even empty.

Section 8: Exposure Controls / Personal Protection

Exposure Limits

| Chemical | Exposure Limit |
|----------------------------------|---------------------------|
| Potassium Hydroxide | 2 mg/m3 Ceiling ACGIH TLV |
| Acrylic Acid Polymer Sodium Salt | None Established |
| Triethanolamine | 5 mg/m3 TWA ACGIH TLV |

Appropriate Engineering Controls: For operations where the exposure limits may be exceeded, mechanical ventilation such as local exhaust may be needed to minimize exposure.

Respiratory Protection: None under normal use conditions with adequate ventilation. For operations where the occupational exposure limits are exceeded, a NIOSH approved respirator with an organic vapor/dust/mist cartridges or supplied air respirator is recommended. Equipment selection depends on contaminant type and concentration. Select in accordance with 29 CFR 1910.134 and good industrial hygiene practice. For firefighting, use self-contained breathing apparatus.

Hand protection: Protective gloves such as nitrile are recommended.

Eye Protection: Splash proof goggles and face shield recommended.



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IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
Immediately call a POISON CENTER.

Storage and Disposal

Store locked up.

Dispose of contents and container in accordance with local and national regulations.

Section 3. Composition/Information On Ingredients

| Component | CAS No. | Amount |
|----------------------------------|-------------|--------|
| Water | 7732-18-5 | 70-90% |
| Potassium Hydroxide | 1310-58-3 | 1-5% |
| Acrylic Acid Polymer Sodium Salt | Proprietary | 1-5% |
| Triethanolamine | 102-71-6 | 1-5% |

Section 4. First Aid Measures

Eye Contact: Hold eye open and rinse slowly and gently with water for 20-30 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. Get immediate medical attention.

Skin Contact: Immediately remove contaminated clothing. Flush all affected and exposed areas with plenty of water for at least 15-20 minutes. If skin irritation develops and persists, seek medical attention. Launder clothing before reuse. Discard items that cannot be thoroughly decontaminated, like leather shoes and belts.

Inhalation: Move to fresh air if effects occur and seek medical attention if effects persist. If not breathing or breathing is difficult, give oxygen or artificial respiration. Get immediate medical attention.

Ingestion: If swallowed, get immediate medical advice by calling a Poison Control Center or hospital emergency room. If advice is not available, take victim and product container to the nearest emergency treatment center or hospital. Do NOT induce vomiting. If the victim is alert, rinse their mouth with water. Do not attempt to give anything by mouth to an unconscious person.

Most important symptoms and effects, acute and delayed: Causes skin burns and eye damage. Harmful or fatal if swallowed. Causes burns to the mouth, throat and intestinal tract. Inhalation of mists or vapors may cause severe irritation of the eyes, nose and throat. High concentrations may cause lung damage.

Indication of immediate medical attention and special treatment, if needed: Immediate medical attention is required for all routes of exposures.

Section 5. Fire Fighting Measures

Suitable (and Unsuitable) Extinguishing Media: Use any media that is suitable for the surrounding fire. Cool fire exposed containers with water.

Specific Hazards Arising from the Chemical: May react with chemically reactive metals such as aluminum, zinc or magnesium to release hydrogen gas, which is flammable and explosive.



MetriClean®2
Date Prepared: 3/3/16

MATERIAL SAFETY DATA SHEET

Section 1. Product And Company Identification

Product Name: MetriClean®2
Product Use: Low foaming detergent

Manufacturer: METREX® RESEARCH
1717 W. Collins Ave.
Orange, CA 92867
U.S.A.

Information Phone Number: 1-800-841-1428 (Customer Service)

Chemical Emergency Phone Number (Chemical Spills, Leaks, Fire, Exposure or Accident only):
CHEMTREC 1-800-424-9300 (in the US) 1-703-527-3887 (Outside the US)

SDS Date Of Preparation/Revision: 3/3/16

Section 2. Hazards Identification

GHS / HAZCOM 2012 Classification:

Skin Damage Category 1B

Eye Damage Category 1

Label Elements

Danger!



Hazard Phrases

Causes severe skin burns and eye damage

Prevention:

Do not breathe mists.

Wash thoroughly after handling.

Wear protective gloves, protective clothing, eye protection and face protection.

Response:

IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

Immediately call a POISON CENTER.

IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with soap and water.

Wash contaminated clothing before reuse.

Immediately call a POISON CENTER.

IF INHALED: Remove person to fresh air and keep comfortable for breathing.

Immediately call a POISON CENTER.

